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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000083366 (2)

1. Corporation Name
VGS SYSTEMS ENGINEERING USA, INC.



Principal Place of Business

Mailing Address

~~215 N EOLA DR~~
~~ORLANDO FL 32801~~

~~215 N EOLA DR~~
~~ORLANDO FL 32801~~

2. Principal Place of Business

2a. Mailing Address

21 7680 REPUBLIC DRIVE

26 7680 REPUBLIC DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 170

27 SUITE 170

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32819

25

USA

29 32819

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

07/26/1996

4. FEI Number

59-3312742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

SIMMONS, CLEATOUS J
215 N EOLA DR
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME MORO, PAOLO
STREET ADDRESS 45 MARESFIELD GARDENS
CITY-ST-ZIP HAMPSTEAD NW3 5TE ENGLAND

TITLE VPT ☐ DELETE

NAME GANNA, RODOLFO
STREET ADDRESS 9133 BAYWARD CT
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DPS ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE DVPT ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paolo Moro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 12, 97 (404) 370-2900

Date

Daytime Phone #

CR2E034 (9/96)