

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90051 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000012142**

1. Corporation Name
VGD, INC.



Principal Place of Business
**5002 NW 36TH STREET
 MIAMI FL 33152**

Mailing Address
**PO BOX 520782
 MIAMI FL 33152-0782**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1995

2. Principal Place of Business
21 3814 Curtiss Parkway

2a. Mailing Address

4. FEI Number
65-0573331

Applied For
 Not Applicable

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State
23 Virginia Gardens FL

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country
33166 25 US

29 Zip Country
30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS, INC.
 3732 N.W. 16TH STREET
 FORT LAUDERDALE FL 33311**

81 Name **Saul Sack**
 82 Street Address (P.O. Box Number is Not Acceptable)
3814 Curtiss Parkway
 83
 84 City **Virginia Gardens FL** 85 Zip Code **33166**

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 *Saul Sack* **Saul Sack, Secretary April 27, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA FORGIA, VITO	1.2 NAME	
STREET ADDRESS	5002 NW 36TH STREET	1.3 STREET ADDRESS	3814 Curtiss Parkway
CITY-ST-ZIP	MIAMI FL 33152	1.4 CITY-ST-ZIP	Virginia Gardens FL 33166
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACK, SAUL J	2.2 NAME	
STREET ADDRESS	5002 NW 36TH STREET	2.3 STREET ADDRESS	3814 Curtiss Parkway
CITY-ST-ZIP	MIAMI FL 33152	2.4 CITY-ST-ZIP	Virginia Gardens FL 33166
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA FORGIA, ANTHONY	3.2 NAME	
STREET ADDRESS	5002 NW 36TH STREET	3.3 STREET ADDRESS	3814 Curtiss Parkway
CITY-ST-ZIP	MIAMI FL 33152	3.4 CITY-ST-ZIP	Virginia Gardens FL 33166
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address, with all other the empowered.

SIGNATURE: *Saul Sack* **Saul Sack April 27, 1999 305-571-5557**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)