

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandira B. Mantham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L01616 (6)**  
1. Corporation Name  
**VINGI CORP.**



Principal Place of Business Mailing Address  
**% GEORGE R. MORAITIS**  
**915 MIDDLE RIVER DRIVE, SUITE 506**  
**FORT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified **07/11/1989** 3a. Date of Last Report **04/21/1995**  
4. FEI Number **59-2957744** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**MORAITIS, GEORGE R.**  
**915 MIDDLE RIVER DRIVE**  
**SUITE 506**  
**FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent  
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, date, and address of the registered agent. Date of signature, if applicable, consisting of month, day, and year.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINGERHOETS, LEOPOLDO	1.2 NAME	
STREET ADDRESS	<del>5100 N. OCEAN BLVD. #810</del>	1.3 STREET ADDRESS	915 Middle River Dr., #506
CITY - ST - ZIP	<del>FT. LAUDERDALE FL</del>	1.4 CITY - ST - ZIP	Fort Lauderdale, FL 33304
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINGERHOETS, ANA MARIA	2.2 NAME	
STREET ADDRESS	<del>5100 N. OCEAN BLVD. #810</del>	2.3 STREET ADDRESS	915 Middle River Drive, Suite 506
CITY - ST - ZIP	<del>FT. LAUDERDALE FL</del>	2.4 CITY - ST - ZIP	Fort Lauderdale, FL 33304
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINGERHOETS, MARIO	3.2 NAME	Vingerhoets, Mario
STREET ADDRESS	<del>5100 N. OCEAN BLVD. #810</del>	3.3 STREET ADDRESS	915 Middle River Drive, Suite 506
CITY - ST - ZIP	<del>FT. LAUDERDALE FL</del>	3.4 CITY - ST - ZIP	Fort Lauderdale, FL 33304
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELGEURO, MARIA ELENA DE	4.2 NAME	915 Middle River Drive, Suite 506
STREET ADDRESS	<del>5100 N. OCEAN BLVD. #810</del>	4.3 STREET ADDRESS	Fort Lauderdale, FL 33304
CITY - ST - ZIP	<del>FT. LAUDERDALE FL</del>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLATIN, LUZ MARIA DE	5.2 NAME	915 Middle River Drive, Suite 506
STREET ADDRESS	<del>5100 N. OCEAN BLVD. #810</del>	5.3 STREET ADDRESS	Fort Lauderdale, FL 33304
CITY - ST - ZIP	<del>FT. LAUDERDALE FL</del>	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6013196  
563-4163  
CR2E034 (12/95)