

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000002736

**Entity Name:** VYCOR VBAS INC.**Current Principal Place of Business:**951 BROKEN SOUND PARKWAY  
STE:320  
BOCA RATON, FL 33487**Current Mailing Address:**951 BROKEN SOUND PARKWAY  
STE:320  
BOCA RATON, FL 33487 US**FEI Number:** 35-2658959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTILLO, DIANA  
951 BROKEN SOUND PARKWAY  
STE:320  
BOCA RATON, FL 33487 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	C/T
Name	LIDDELL, ADRIAN
Address	951 BROKEN SOUND PARKWAY, STE:320
City-State-Zip:	BOCA RATON FL 33487

Title	P/D
Name	CANTOR, DAVID
Address	951 BROKEN SOUND PARKWAY, STE:320
City-State-Zip:	BOCA RATON FL 33487

Title	D
Name	ZACHARLOU, PETER C.
Address	951 BROKEN SOUND PARKWAY, STE:320
City-State-Zip:	BOCA RATON FL 33487

Title	S
Name	DIENER, ROBERT
Address	41 ULUA PLACE
City-State-Zip:	HAIKU HI 96708

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID CANTOR**PRESIDENT****08/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date