

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

**APPROVED
AND
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MAY - 1 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 375005 (6)

1. Corporation Name
VESTIGE, INC.

Principal Place of Business 8700 N.W. FIRST AVENUE MIAMI FL 33150	Mailing Address 8700 N.W. FIRST AVENUE MIAMI FL 33150
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1971		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-1399096		Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARROLL, EARL JACKSON 8700 NW 1ST AVENUE MIAMI FL 33150				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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARROLL, EARL J	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8700 N.W. 1ST AVE.	12 NAME	
STREET ADDRESS	MIAMI FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	D CARROLL, LUNA	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9120 NW 16 AVE	22 NAME	
STREET ADDRESS	MIAMI FL <i>Deceased</i>	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	T CARROLL, TASHA P.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8700 N.W. 1ST AVE.	32 NAME	
STREET ADDRESS	MIAMI FL	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	S CARROLL, AWANA M.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8700 N.W. 1ST AVE.	42 NAME	
STREET ADDRESS	MIAMI FL	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and chosen not qualify for the exemptions stated in Section 1101.07(3)(b), 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 appointed 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: *Earl J. Carroll* **4-31-95**