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pg. 1 of 2

97 SEP 19 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 515488  
1. Corporation Name

VARA Development Inc.

Principal Place of Business

Mailing Address

1201 19 PLACE  
VERO BEACH FL  
32960

505 BEACHLAND BLVD.  
1-179  
VERO BEACH FL  
32963

2. Principal Place of Business

2a. Mailing Address

21 1201 19 PLACE

26 505 BEACHLAND BLVD 59-2768442

Suite, Apt. #, etc

Suite, Apt. #, etc.

22  
23 City & State  
VERO BEACH FL

27 1-179  
28 City & State  
VERO BEACH FL

24 Zip  
32960

Country  
USA

29 Zip  
F/32963

Country  
U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMEN VARA  
505 BEACHLAND BLVD 1-179  
VERO BEACH FL 32963

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's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President, D, S, D  
NAME CARMEN VARA  
STREET ADDRESS 505 BEACHLAND BLVD 1-179  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE Vice President  
NAME T. DOMINIC VARA  
STREET ADDRESS 1201 19 PLACE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
800002301498--0  
-09/23/97--01098--008  
\*\*\*\*165.00 \*\*\*\*165.00

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

CARMEN VARA

9/16/97

561-234-9232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)