

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

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 675673 (8)  
1. Corporation Name  
V. STEPHEN ENTERPRISES, INC.

Principal Place of Business PO BOX 164906 MIAMI FL 33116-4906 US	Mailing Address PO BOX 164906 MIAMI FL 33116-4906 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1980	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-2880339	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAZZAWI, CYNTHIA 5605 SW 84 AVE MIAMI FL 33143		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN, VICTOR	12 NAME	STEPHEN VICTOR
STREET ADDRESS	8400 SW 56 STREET	13 STREET ADDRESS	8400 SW 56 ST.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZAWI, CYNTHIA	22 NAME	MAZZAWI CYNTHIA
STREET ADDRESS	5605 SW 84 AVE	23 STREET ADDRESS	5605 SW 84 AVE
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	31 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, ANNETTE	32 NAME	MICHAELS, ANNETTE
STREET ADDRESS	10325 SW 103 ST	33 STREET ADDRESS	10325 SW 103 ST.
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL
TITLE	S <input checked="" type="checkbox"/> DELETE	41 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAZANAS, MICHELLE	42 NAME	CAZANAS, MICHELLE
STREET ADDRESS	8401 SW 107TH AVE APT 248 E	43 STREET ADDRESS	8401 SW 107TH AVE APT 248E
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 and 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.

CR2E034 (10/97)