| FIL   | E NOW: FILING FE   | E AFTER MAY 1 I                   | S \$225                      | 5.00                                  |                   |  |              |   |
|---|--|-----------------------------------|------------------------------|---------------------------------------|-------------------|--|--------------|---|
| COF   | PROFIT CORPORATION ANNUAL REPORT  PLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State |                                   |                              |                                       |                   |  |              |   |
| 1996 DIVISION OF CORPORATIONS   |  |                                   |                              |                                       |                   |  |              |   |
|   | MENT # <b>6840</b> 8   | 34 (7)                            |                              |                                       |                   |  |              |   |
| VCH PUBLISHERS, INC.  |  |                                   |                              |                                       |                   |  |              |   |
| VON F   | ODLISHENS, INC.  |                                   |                              |                                       |                   | I INDIEN BIRDE HANG BEGIN ANDER ENDIE  | BIBI BIBI    | PIRIF ANDEN BIANI BIANI BIRIH KONK      |
| Principal Phon  | of Puoisses  |                                   |                              |                                       |                   |  |              |   |
| Principal Piace of Business Mailing Address  303 NW 12TH AVE 303 NW 12TH AVE  |  |                                   |                              |                                       |                   |  |              | 2.2.1. 2.2.4. 2.2.4. 2.2.1. 4.2.1. 152. |
|   | BCH FL 33442-8788  | DEERFIELD BOH FL 334              | 442-8788                     |                                       |                   |  |              |   |
|   |  |                                   |                              |                                       |                   | 3. Date incorporated or Qualified  |              | ale of Last Report                      |
| 2. Principal Pla  | ace of Business  | 28. Mailing Address               |                              |                                       |                   | <b>08/14/1980</b><br><b>4.</b> FLI Number                                      | <u></u>      | 03/08/1995                              |
| 21  |  | 26                                |                              |                                       |                   | 59-2056412   |              | Applied For Not Applicable              |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.               |                              |                                       |                   | 5. Certificate of Status Desired   |              | \$8.75 Additional Fee Required          |
| City & State  | 3  | City & State                      |                              |                                       |                   | 6. Election Campaign Financing   |              | \$5.00 May Be                           |
| <b>23</b>   | Country  | 7ip                               | Countr                       |                                       |                   | Trust Fund Contribution  |              | Added to Fees                           |
| 24  | 25   | 29                                | 30                           |                                       |                   |  | [∏No         |   |
|   | 9. Name and Address of Curr  | ent Registered Agent              | 8                            | I Name                                |                   | 10. Name and Address of New R  | egistere     | d Agent                                 |
| HRAWG CORP<br>2000 GLADES RD  |  |                                   | 8.                           | L1                                    |                   | s (P.O. Box Number is Not Acceptab   |              |   |
|   |  |                                   |                              |                                       |                   | s (i .o. box naii bei is not Asceptae  | 10)          |   |
| STE 400<br>BOCA RATON FL 33431  |  |                                   | 83                           |                                       |                   |  |              |   |
|   |  | _                                 | 84                           | 1,                                    |                   |  | F            | 85 Zip Code                             |
| or registers  | bo agont, or both, in the diate of the   | anda. Such Grange was aumonzer    | s, the above<br>d by the cor | named co<br>poration's                | orporali<br>board | on submits this statement for the pur<br>of directors. Thereby accept the appo | <del>-</del> | <del></del>                             |
| SIGNATURE   | h, and accept the obligations of, Se   | ction 607.0505, Florida Statutes. |                              |                                       |                   |  |              |   |
| Signature, typed or printed name of registered againt and the diarphospic (NOTE Flegishmed Againt signation required as |  |                                   |                              |                                       |                   |  | DATE         |   |
| TITLE   | AS OFFICERS A  | ND DIRECTORS  ND DELETE           | 13.<br>1 1 10 LE             | ··                                    |                   | ADDITIONS/CHANGES TO OFFE  | CERS AN      | ND DIRECTORS IN 12  Change Addition     |
| NAME  | BROWN, RONALD  |                                   | 1.2 NAME                     |                                       |                   |  |              | Change [] Xodii:011                     |
| STREET ADDRESS  | 220 E 23RD STREET  |                                   | 13 STHEF                     | LADDRESS                              |                   |  |              |   |
| CITY - ST - ZIP   | NEW YORK NY  |                                   | 1.4 CHY-                     | 1.4 C(1) Y - S1 - Z(F                 |                   |  |              |   |
| TITLE   | DC   | DELETE 2 1                        |                              |                                       |                   |  |              | Change Addition                         |
| NAME<br>STREET ADDRESS  | KOEHLER, HANS DIRK<br>PAPPELALLEE 3  |                                   | 2.2 NAME                     |                                       |                   |  |              |   |
| CITY-ST-ZIP   | WEINHEIM GE  |                                   |                              | 2.3 STREET ADDRESS                    |                   |  |              |   |
| TITLE   | VS   | E DELEN                           |                              | 24 CHY-ST-719<br>3 1 THEF             |                   | S  |              | Change X Addition                       |
| NAME  | SERRATT, OLEN  | 32 N                              |                              | 1                                     |                   | ua, Satish   |              | Change V Notition                       |
| STREET ADDRESS  | 202 NW 10TH AVENUE   |                                   | 3.3 STREE                    |                                       |                   | 33 7th Ave.  |              |   |
| CITY - ST - ZIP   | DEERFIELD BCH. FL  |                                   |                              |                                       |                   | ew York, NY 10001  |              |   |
| TITLE   | P CEDANIC EDANIC   | ☐ DELETE                          | 4. 1 TITLE                   | · · · · · · · · · · · · · · · · · · · |                   |  |              | Change Addition                         |
| NAME  | CERMAK, FRANK  |                                   | 4.2 NAME                     |                                       |                   |  |              |   |
| STREET ADDRESS  |  |                                   | B .                          | ADDRESS                               |                   |  |              |   |
| CITY-ST-ZIP TITLE   |  |                                   | 44 CITY - 5<br>5 1 TIFLE     | 5! 7IP                                |                   |  |              | Chare D.                                |
| NAME  | LARSSON, CLAES   | _ occur                           | 5.2 NAME                     |                                       |                   |  |              | Change Addition                         |

CHY-ST-7IP 6.4 CITY - \$1 - 7IP 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 free 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 on 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 world-thirment with an address.

SIGNATURE:

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(1) - S1 - 2(F

6 1 TITLE

6.2 NAME

SIGNATURE: \_

11 OVERLOOK DR

PT. WASHINGTON NY

21

22

23

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY ST-7IP

DELETE

SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

3/27/96 (30) 428-6566

☐ Change ☐ Addition