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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751982** (0)

1. Corporation Name  
**VERBUM, INC.**

Principal Place of Business	Mailing Address
PO BOX 654305 MIAMI FL 33265 US	PO BOX 654305 MIAMI FL 33265 US

3. Date Incorporated or Qualified

**04/14/1980**

4. FEI Number

**59-2013491**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEL VALLE, IGNACIO G  
2333 PONCE DE LEON BLVD  
SUITE 650  
CORAL GABLES FL 33134**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **MADERAL, LUIS**  
CITY-ST-ZIP **7640 SW 133 CT.  
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME **V**  
STREET ADDRESS **DELEON, JORGE G.**  
CITY-ST-ZIP **10761 SW 67TH DRIVE  
MIAMI FL**

TITLE ☐ DELETE

NAME **S**  
STREET ADDRESS **DEL VALLE, IGNACIO G.**  
CITY-ST-ZIP **7955 SW 108TH STREET  
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **DIEPPA, EDUARDO E**  
CITY-ST-ZIP **13910 SW 28 ST  
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **SOLIS, JOSE A**  
CITY-ST-ZIP **9800 SW 128 ST  
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME **V**  
STREET ADDRESS **SANTOS, RAMON**  
CITY-ST-ZIP **8851 SW 82ND AVENUE  
MIAMI, FL 00000**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**MIAMI, FL 33183**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**MIAMI, FL 33173**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**MIAMI, FL 33156**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**MIAMI, FL 33175**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**MIAMI, FL 33176**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**MIAMI, FL 33156**

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**EDUARDO E. DIEPPA**

**1/13/98**

**(305)  
691-9166**

CR2E037 (10/97)