

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

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1997 OCT 20 AM 11:03

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 # **856565** (7)
1. Corporation Name
VANDERHANDS CORPORATION

Principal Place of Business % W. J. VAUGHN 2007-9 SOUTH MELBOURNE COURT MELBOURNE FL 32801	Mailing Address % W. J. VAUGHN 2007-9 SOUTH MELBOURNE COURT MELBOURNE FL 32801
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2. Principal Place of Business 21 Calle Sorocaïma Suite, Apt. #, etc. 22 Qta. Landa, El Rosal City & State 23 Caracas 1010A Zip 24	2a. Mailing Address 26 100 S.E. 2nd Street, 31 fl. Suite, Apt. #, etc. 27 Attn: Ana M de Alba City & State 28 Miami FL Zip 29 33131	3. Date Incorporated or Qualified 05/26/1983	3a. Date of Last Report 04/30/1996
		4. FEI Number 98-0063203	Applied For <input type="checkbox"/> Not Applicable
		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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent VAUGHN, W. J. 2007-9 S. MELBOURNE COURT MELBOURNE FL 32901	10. Name and Address of New Registered Agent 81 Name Alhambra Registered Agents, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza, Suite 1202 83 84 City Coral Gables FL 85 Zip Code 33134
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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 *Saul J. Karp*, President **10/15/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P COSTILLERO, CECILIO A.	1.2 NAME	
STREET ADDRESS	BANK OF AMERICA BLDG.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, R.P.	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GALINDO, GABRIEL A.	2.2 NAME	
STREET ADDRESS	BANK OF AMERICA BLDG.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, R.P.	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T DURLING, ROY CARLOS	3.2 NAME	
STREET ADDRESS	BANK OF AMERICA BLDG.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA, R.P.	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V KAUFMAN, EPHRAIM	4.2 NAME	
STREET ADDRESS	CALLE SOROCAIMA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *E. Karp* **10/15/97**

CR2E034 (9/96)