

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED #5591 VC.

96 JAN 27 PM 11:27  
**PAID**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F36951 (4)**  
1. Corporation Name  
**VINARDI CORPORATION**



Principal Place of Business: P. O. BOX 144191, CORAL GABLES FL 33144, US  
Mailing Address: 111 NW 85TH PL, MIAMI FL 33126, US

3. Date Incorporated or Qualified: 06/01/1981  
3a. Date of Last Report: 02/28/1995  
4. FEI Number: 59-2127958  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
State, Apt. #, etc.: SAME  
City & State: SAME  
Zip: [ ] Country: [ ]

9. Name and Address of Current Registered Agent

VINARDI, DR. LIVIO J.  
111 NW 85TH PLACE  
MIAMI FL 33126

10. Name and Address of New Registered Agent

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

Signatures typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE: CPS  
NAME: VINARDI, LIVIO J. PH.D.  
STREET ADDRESS: 111 NW 85TH PLACE  
CITY-ST-ZIP: MIAMI FL  
TITLE: VT  
NAME: VINARDI, ANA MARIA  
STREET ADDRESS: 111 NW 85TH PLACE  
CITY-ST-ZIP: MIAMI FL  
TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]  
TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]  
TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]  
TITLE: [ ] DELETE  
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  
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  
Change Addition  
500001708085  
-02/06/96--01097--007  
\*\*\*\*208.75 \*\*\*\*208.75  
JW

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

LIVIO J. VINARDI, CPS 1-30-96 (205) 266-7751