

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006336 (9)

1. Corporation Name
VIRTUAL ASSISTANT, INC.

Principal Place of Business
C/O BENZ ATLANTIC CORPORATION
1290 AVENUE OF THE AMERICAS, 41 FL
NEW YORK NY 10104-0012

Mailing Address
C/O BENZ ATLANTIC CORPORATION
1290 AVENUE OF THE AMERICAS, 41 FL
NEW YORK NY 10104-0012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1996	3a. Date of Last Report
4. FEI Number 13-3862891	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2700 Westchester Avenue Suite, Apt. #, etc. 22 # 311 City & State 23 Purchase, NY Zip 24 10577 Country 25 USA	2a. Mailing Address 26 2700 Westchester Avenue Suite, Apt. #, etc. 27 311 City & State 28 Purchase NY Zip 29 10577 Country 30 USA
--	--

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 NAME STREET ADDRESS CITY-ST-ZIP	1. POST Director <input type="checkbox"/> DELETE TREVILLE, BEVERLY B 1175 PARK AVENUE NEW YORK NY 10128	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	EVP, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GREGORY JOHNSON 14 SPRING STREET NYAC, NY 10960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> DELETE 1175 PARK AVENUE NEW YORK NY 10128	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARSHALL TURNER 220 MONTGOMERY ST. #10 SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM MICHAEL CHECK 65 E. 55th St, 9th Fl. NY NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____

BEVERLY BENZ TREVILLE
President 8/10/97 914.361.7111

CR2E034 (4/97)