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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006513 (3)**

1. Corporation Name

VIG VANGUARD ELECTRONIC TECHNOLOGIES, INC.



Principal Place of Business

**14421 SW 88 ST., STE. 308
MIAMI FL 33186**

Mailing Address

**14421 SW 88 ST., STE. 308
MIAMI FL 33186-1007**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PENA, MONICA E
14421 SW 88 ST., STE. 308
MIAMI FL 33186**

3. Date Incorporated or Qualified

12/13/1996

3a. Date of Last Report

4. FEI Number

65-0885715 65-0718289

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

10. Name and Address of New Registered Agent

81 Name

MIGUEL A. PARRA

82 Street Address (P.O. Box Number is Not Acceptable)

9400 S.W. 125 PLACE

83

84 City

MIAMI

FL

85 Zip Code

33186

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

Miguel A. Parra
Signature, typed or printed name of registered agent and file 4 applicable

MIGUEL A. PARRA

4/24/97
DATE

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BERNAL, RAUL G**
STREET ADDRESS **AVE. PRINCIPAL LAS ESMERALDAS PISO 10**
CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **D** ☐ DELETE
NAME **IGLESIAS, ROBERTO**
STREET ADDRESS **APARTADO 52172 CARACAS 1050**
CITY-ST-ZIP **VENEZUELA**

TITLE **P** ☐ DELETE
NAME **GARCIA, RAUL**
STREET ADDRESS **AVE. PRINCIPAL LAS ESMERALDAS PISO 10**
CITY-ST-ZIP **CARACAS, VENEZUELA**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Roberto Iglesias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97
Date

305 3855209
Daytime Phone # 0004915

CR2E034 (9/96)