

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G50847** (4)
1. Corporation Name
VARY CORPORATION



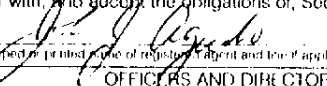
Principal Place of Business 10739 NASHVILLE DR. COOPER CITY FL 33026	Mailing Address 10739 NASHVILLE DR. COOPER CITY FL 33026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12919 N.W. 22 MANOR Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES FLA. Zip 24 33028 Country 25 U.S.A.		2a. Mailing Address 26 12919 N.W. 22 MANOR Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES FLA. Zip 29 33028 Country 30 U.S.A.		3. Date Incorporated or Qualified 07/12/1983	4. FEI Number 59-2326387 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent *AGUDO, JOHN J. 10739 NASHVILLE DR. COOPER CITY FL 33026				10. Name and Address of New Registered Agent 81 Name AGUDO JOHN J. 82 Street Address (P.O. Box Number is Not Acceptable) 12919 N.W. 22 MANOR 83 PEMBROKE PINES FL. 84 City COOPER PEMBROKE PINES FL 85 Zip Code 33028			
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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  (NOTE: Registered Agent signature required when reinstating) DATE **4-17-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHLAGETER, EDUARDO		1.2 NAME				
STREET ADDRESS	4000 WILLIAMS ISLAND BLVD. #PH		1.3 STREET ADDRESS				
CITY-ST-ZIP	WILLIAMS ISLAND FL		1.4 CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STORTI, SERGIO		2.2 NAME				
STREET ADDRESS	3000 WILLIAMS ISLAND BLVD. #1204		2.3 STREET ADDRESS				
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	AGUDO, JOHN J.		3.2 NAME	AGUDO JOHN J.			
STREET ADDRESS	10739 NASHVILLE DR.		3.3 STREET ADDRESS	12919 N.W. 22 MANOR			
CITY-ST-ZIP	COOPER CITY FL 33026		3.4 CITY-ST-ZIP	PEMBROKE PINES FL. 33028			
TITLE	VPO	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BASTERRECHEA, FERMIN		4.2 NAME				
STREET ADDRESS	1000 WILLIAMS ISLAND BLVD. #1603		4.3 STREET ADDRESS				
CITY-ST-ZIP	WILLIAMS ISLAND FL		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 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:  DATE: **4-17-98** 954 1131 1900

CR2E034 (10/97)