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

PROFIT

SIGNATURE:

Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)V.G.H. ENTERPRISES, INC. Principal Place of Business Mailing Address 15180 SW 45 TERR. 15180 SW 45 TERR. MIAMI FL 33185 MIAMI FL 33185 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1984 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2393075 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HYZDU. GERALD 15180 SW 45 TERR. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33185 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HYZDU, GERALD CR2E034 NAME 12 NAME 15180 SW 45 TERR. STREET ADDRESS 1,3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CiTY-ST-ZiP DELETE Change Addition 2.1 TITLE TITLE HYZDU, VIVIAN 2.2 NAME NAME 15180 SW 45 TERR. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 2 4 City - St - ZiP DELETE Change ___ Addition TITLE 3 1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition 41TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information man goort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address. 14. Thereby certify that the information supplied indicated on this annual resort or supplied officer or director of the corporation of the Block 12 or Block 13 if changes or on high

FILED

305-220-85%