

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H25305** (4)

1. Corporation Name  
**VE-ESTA INVESTMENT, INC.**

Principal Place of Business  
**867 SOUTH ATLANTIC AVE.  
UNIT 1015  
ORMOND BEACH FL 32176**

Mailing Address  
**867 SOUTH ATLANTIC AVE.  
UNIT 1015  
ORMOND BEACH FL 32176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/11/1984</b>	
21		26		4. FEI Number <b>59-2450030</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation <del>has</del> has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**KUMAR, NARENDRA  
884 PENINSULA DR  
ORMOND BEACH FL 32176**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		13.	
TITLE	PSD	1.1 TITLE	
NAME	KUMAR, NARENDRA	1.2 NAME	
STREET ADDRESS	884 PENINSULA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	KUMAR, CARMEN	2.2 NAME	
STREET ADDRESS	884 PENINSULA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KUMAR, MONICA	3.2 NAME	
STREET ADDRESS	884 PENINSULA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	SARAH KUMAR	4.2 NAME	
STREET ADDRESS	884 PENINSULA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

*[Signature]*

3/23/98 (904)677-8111

CR2E034 (1097)