PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90286 043 ***150.00

 (A) A((B) 16:10 6:10 A)A()	A.O. O.B. O.D. 1001

DOCUMENT #	H85586
1 Corneration Name	1 10000

GE VA, INC.

Principal Place of Business

Mailing Address

20.0 0.2.1		2875 STERLING RD. FT LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE				
					Date Incorporated or Qualifed 11/15/1985				
2.	Principal Place of Business	2a. Mailing Address		- 	4. FEI Number		Applied For		
21	,	26			59-2630012		Not Applicable		
22	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Rec				
23	City & State	City & State	& State		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 May Be ed to Fees		
24	Zip Country	Zip Country			This corporation owes the current year to Personal Property Tax.	ntangible Yes	□No		
9. Name and Address of Current Registered Agent			T	10. Name and Address of New Registered Agent					
28/5 STIHLING RD.			81 Name 82 Street Address (P.O. Box Number is Not Acceptable)						
			52	Street Address (P.O. Box Number is Not Acceptable)					
			83						
			84	City	FI	L 85 Z	ip Code		
11	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: Rec	gistered Agent signature re	equired when reinstating)		DATE		}
12,	OFFICERS AND DIRECTORS	<u> </u>	13.		HANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE	D DE	LETÉ	1.1 TITLE				Change	Addition
NAME	VASILAKIS, VASILIKI		1.2 NAME			W.5.		
STREET ADDRESS	3900 N PARK RD		1.3 STREET ADDRESS			,		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP			* ***		_
TITLE	DV DE	LETE	2.1 TITLE				Change	Addition
NAME	VASILAKIS, GEORGE		2.2 NAME		14 ;	San Militi		
STREET ADDRESS	3900 N PARK RD		2.3 STREET ADDRESS			143		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP					
TITLE	□ DE	LETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE	DE	LETE	4.1 TITLE		-		Change	Addition
NAME			4.2 NAME					
STREET ADDRESS	*		4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	□ DE	LETE	5.1 TITLE] Change	☐ Addition
NAME			5.2 NAME		,			
STREET ADDRESS	نيد بينسدمون بيسترهين بيسود ا		5.3 STREET ADDRESS			<u> </u>		<u> </u>
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	DE	LETE	6.1 TITLE				_ Change	☐ 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 filling 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 of 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, with all other like empowered.

SIGNATURE:

Inature lequired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR