SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:17

DOCUMENT # K60465 (7)

1. Corporation Name
VSI INTERNATIONAL INC.

Principal Place of Business	Mailing Address
4001 SW 47 AVE. FT. LAUDERDALE FL	% B.S. SCHWARTZ 2601 S. BAYSHORE DR., STE. 1600 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1989
3a. Date of Last Report: 10/13/1994

2. Principal Place of Business
21 4001 SW 47 AVE
Suite, Apt. #, etc.
22 SUITE 216
City & State
23 FT. LAUDERDALE, FL
Zip 24 33314 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0094182 ☐ 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

9. Name and Address of Current Registered Agent

SCHWARTZ, BENJAMIN S
2601 S. BAYSHORE DR.
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☒ Addition
NAME	ORLINSKY, MARC	12 NAME		
STREET ADDRESS	4001 SW 47TH AVE.	13 STREET ADDRESS	SUITE 216	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	33314	
TITLE	CDS	21 TITLE		☐ Change ☒ Addition
NAME	ORLINSKY, MYRON	22 NAME		
STREET ADDRESS	4001 SW 47TH AVE.	23 STREET ADDRESS	SUITE 216	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	33314	
TITLE	DP	31 TITLE		☐ Change ☒ Addition
NAME	PATRAKA, PETER	32 NAME		
STREET ADDRESS	4001 SW 47TH AVE.	33 STREET ADDRESS	SUITE 216	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	33314	
TITLE	V	41 TITLE		☐ Change ☒ Addition
NAME	UPLINGER, DORIS	42 NAME		
STREET ADDRESS	4001 SW 47TH AVE.	43 STREET ADDRESS	SUITE 216	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	33314	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	KHAZZAM, JOSEPH N.	52 NAME		
STREET ADDRESS	6 GRACE LANE	53 STREET ADDRESS		
CITY-ST-ZIP	OYSTER BAY COVE NY	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Myron Orlinsky (MYRON ORLINSKY) 6/6/95 305-321-1500 EXT 213
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OFFICER OR DIRECTOR — Date — Daytime Phone #
Chairman, CEO

0000588 CP