

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K60465** (7)
1. Corporation Name
VSI INTERNATIONAL INC.



Principal Place of Business
**4001 SW 47TH AVE
STE 216
FT LAUDERDALE FL 33314
US**

Mailing Address
**% B.S. SCHWARTZ
2601 S. BAYSHORE DR., STE. 1600
MIAMI FL 33133**

3. Date Incorporated or Qualified 01/24/1989	3a. Date of Last Report 06/20/1995
4. FEI Number 65-0094182	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	V
NAME	ORLINSKY, MARC	1.2 NAME	DECARIO, RICHARD
STREET ADDRESS	4001 SW 47TH AVE STE 216	1.3 STREET ADDRESS	4001 SW 47 AVE STE 216
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33314
TITLE	CDS	2.1 TITLE	V
NAME	ORLINSKY, MYRON	2.2 NAME	ORLINSKY, SCOTT
STREET ADDRESS	4001 SW 47TH AVE STE 216	2.3 STREET ADDRESS	4001 SW 47 AVE STE 216
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33314
TITLE	DP	3.1 TITLE	
NAME	PATRAKA, PETER	3.2 NAME	
STREET ADDRESS	4001 SW 47TH AVE STE 216	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	UPLINGER, DORIS	4.2 NAME	
STREET ADDRESS	4001 SW 47TH AVE STE 216	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	KHAZZAM, JOSEPH N.	5.2 NAME	
STREET ADDRESS	6 GRACE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OYSTER BAY COVE NY	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 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

Daytime Phone #

CR2E034 (12/95)