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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -1 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01616**

1. Corporation Name
VINGI CORP.

Principal Place of Business
% GEORGE R. MORAITIS
915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE FL 33304

Mailing Address
% GEORGE R. MORAITIS
915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1989

4. FEI Number
59-2957744
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent
MORAITIS, GEORGE R.
915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE FL 33304

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 _____ (NOTE: Registered Agent signature required when filing this change) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	VINGERHOETS, LEOPOLDO	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, #506	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DS	[ ] DELETE
NAME	VINGERHOETS, ANA MARIA	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DT	[ ] DELETE
NAME	VINGERHOETS, MARIO	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	[ ] DELETE
NAME	HELGEURO, MARIA ELENA DE	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	[ ] DELETE
NAME	BELLATIN, LUZ MARIA DE	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change	[ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change	[ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change	[ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****150.00 ****150.00

3/1/99

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, with all other like empowered.

SIGNATURE: Leopoldo VINGERHOETS Feb. 05, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)