## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)VARDA CO. Principal Place of Business Mailing Address 2040 TAYLOR ST. 2840 TAYLOR ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1990 2. Principal Place of Business 2a. Mailing Address P.O. Box 420769 4. FEI Number Applied For NOT APPLICABLE 3111 N.W. 27th Ave. 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Miami, Florida Miami; Florida Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 9, Name and Address of Current Registered Agent 24 U.S.2 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent Name RAM HASKELL <del>Balman: Varda</del> 2640 TAYLOR STREET Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD FL 33020 83 City Zip Code Miami 33142 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 Ram Haskell, PD Feb. 25, 1998 Ram Haskell, PD (NOTE: Replatered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition PD <del>salman, yarda</del> NAME 1.2 NAME HASKELL, RAM 2840-TAYLOR STREET #28 3111 N.W. 27th Ave. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY-ST-ZIP Miami, Fl. 33142 \_\_ DELETE Change \_\_\_ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change ☐ Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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.

**63 STREET ADDRESS** 

61 TITLE 62 NAME Change

☐ Addition

SIGNATURE: PD 2-25-98 305-885 0000

DELETE

TITLE

NAME STREET ADORESS

CITY-ST-ZIP