FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M14651

1. Corporation Name

VAGABOND ENTERPRISES INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90189 009 ***150.00



		•					
Principal Place	e of Business	Mailing Address					
9449 COLLINS AVE 230-188TH ST					•		
MIAMI BEACH FL 33154 MIAMI BEACH FL 33160					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					04/30/1985		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 18401	CALLIUS AVE	26 230 - 18874	· S7 ·		59-2520432		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	.	<u> </u>	5. Certifcate of Status Desired	Fee F	Additional Required
City & State City & State City & State City & State 23 SUNNY. ISLES. BEACH FLI 28 SUNNY. ISLES.					Election Campaign Financing Trust Fund Contribution	1 ,	May Be d to Fees
Zip 2	Country	Zip	Country USA		8. This corporation owes the current y	year Intangible ☐ Yes	□No
24 <i>35 </i> 1	60 25 USA	29 33 160 30	U37	•	Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Curren	t Registered Agent	81 Nar		10. Name and Address of New Regis	stered Agent	
ROBERGE, JACQUES 230 188TH ST							
				et Addre	ss (P.O. Box Number is Not Acceptable)		
MAN	MI BEACH FL 33160	ŗ.	83				
			84 City			85 Zip	Code
	.*		1.1.3			FL	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	orized by the co	ed corpo orporation	ration submits this statement for the purp o's board of directors. I hereby accept the	ose of changing if appointment as r	registered
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if anolicable (NOTF: Rev	istered Agent signal	ure required	when reinstating)	DATE	
12.		ID DIRECTORS	13.	aro roquirou	ADDITIONS/CHANGES TO OFFICE		FORS IN 12
TITLE	Р	☐ DELETE	1,1 TITLE			☐ Change	
NAME	ROBERGE, JACQUES		1.2 NAME				1
STREET ADDRESS	230 188TH STREET	ı	1.3 STREET ADDRI	ss			ſ
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	e ☐ Addition
NAME			2.2 NAME				Í
STREET ADDRESS			2.3 STREET ADDR	SS			
CITY-ST-ZIP	,		2. 4 CITY-ST-ZIP	- -	· - 7	· , ·	
TITLE		☐ DELETE	3.1 TITLE			Change	e
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDR	ESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP			Change	e Addition
TITLE			4.3 TITLE				
NAME	•		4.2 NAME 4.3 STREET ADDR				
STREET ADDRESS	}			:55			
CITY-ST-ZIP TITLE	1	□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	+		☐ Change	e Addition
NAME		<u>_</u>	5.2 NAME				_
STREET ADDRESS			5.3 STREET ADOR	ss			
CITY-ST-ZIP	· ·		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e Addition
NAME			6.2 NAME				
			63 STREET ADDR	:88			t

CITY-ST-ZIP 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 chapped, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: