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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002382 (7)

1. Corporation Name

VINDE INTERNATIONAL, INC.



Principal Place of Business

22042 LAS BRISAS
BOCA RATON FL 33433

Mailing Address

22042 LAS BRISAS
BOCA RATON FL 33433-4809

3. Date Incorporated or Qualified
04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 4699 N. FEDERAL HWY
Suite, Apt. #, etc.

22 102 F 205A

23 POMPAHO BEACH FL
City & State

24 33064
Zip

25 USA
Country

2a. Mailing Address

26 4699 N. FEDERAL HWY
Suite, Apt. #, etc.

27 102 F 205A

28 POMPAHO BEACH FL
City & State

29 33064
Zip

30 USA
Country

4. FEI Number

65-0711483

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. 189.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

WILLIG, DAVID S
141 NE 3RD AVENUE
10TH FLOOR
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

JOHN L. WHITE

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

3170 N. FEDERAL HWY #100

83

84 City

LIGHTHOUSE POINT

FL

85 Zip Code

33064

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME D'ARAUJO, CAIO F. JR.
STREET ADDRESS 22042 LAS BRISAS
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE
NAME D'ARAUJO, ALDA M
STREET ADDRESS 22042 LAS BRISAS
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE
NAME GLASS, ROBIN
STREET ADDRESS 22042 LAS BRISAS
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME D'ARAUJO, CAIO F. JR.
1.3 STREET ADDRESS 10417 BOCA SPRINGS TRNVE
1.4 CITY-ST-ZIP BOCA RATON FL 33428

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME D'ARAUJO, ALDA M
2.3 STREET ADDRESS 10417 BOCA SPRINGS DRIVE
2.4 CITY-ST-ZIP BOCA RATON FL 33428

3.1 TITLE MD ☒ Change ☐ Addition
3.2 NAME GLASS, ROBIN
3.3 STREET ADDRESS 6800 NW 30TH AVE
3.4 CITY-ST-ZIP FT. LAUDERDALE FL 33304

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 300002194293
6.3 STREET ADDRESS -05/29/97--01004--008
6.4 CITY-ST-ZIP ***70.00

14. I do 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 617, 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

3-3-97

(954) 763 0008

CR2E037 (9/96)