


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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000045800 (8) 1. Corporation Name VITECH AMERICA, INC.					
Principal Place of Business 8807 NW 23 STREET MIAMI FL 33172			Mailing Address 8807 NW 23 STREET MIAMI FL 33172		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 06/24/1993	
				4. FEI Number 65-0419086	
				5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TATICH, PHILIP 601 S LAKE DESTINY THE MAITLAND GREEN BLDG SUITE 200 MAITLAND FL 32751				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

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	PD	1.1 TITLE	
NAME	ST. LAURENT, WILLIAM C	1.2 NAME	
STREET ADDRESS	8807 NW 23 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	VTDS	2.1 TITLE	
NAME	ASHER, MITCHELL E	2.2 NAME	
STREET ADDRESS	8807 NW 23 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	
NAME	ST LAURENT, GEORGES C III	3.2 NAME	
STREET ADDRESS	8807 NW 23 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	33172
TITLE	V	4.1 TITLE	
NAME	SCOTT, KENNETH	4.2 NAME	
STREET ADDRESS	8807 NW 23 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	33172
TITLE		5.1 TITLE	TS
NAME		5.2 NAME	KELLY, EDWARD A.
STREET ADDRESS		5.3 STREET ADDRESS	8807 NW 23 ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL. 33172
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed or in an affidavit with an address.

SIGNATURE:

SIGNATURE: GEORGES C. ST. LAURENT III

1/15/98 417-1161

CR2E034 (10/97)