

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

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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT •
1997



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

DOCUMENT # P93000082323 (5)

1. Corporation Name
VAN VORGUE ENTERPRISES, INC.



Principal Place of Business

8 FARREY LANE
BELLE ISLE
MIAMI BEACH FL 33130

Mailing Address

8 FARREY LANE
BELLE ISLE
MIAMI BEACH FL 33139-8801

3. Date Incorporated or Qualified
12/02/1993

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 2335 Meridian Ave
Suite Apt # etc

2a. Mailing Address

26 2335 Meridian Ave
Suite Apt #, etc.

4. FEI Number
65-0453136

Applied For
Not Applicable

22 City & State
Miami Beach

27 City & State
Miami Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip
33140

28 Zip
33140

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Country
Bade

29 Country
Bade

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAN VORGUE, VANESSA
8 FARREY LANE
BELLE ISLE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
MARA M. RANKIN
82 Street Address (P.O. Box Number is Not Acceptable)
2335 Meridian Ave.
83
84 City
Miami Beach FL 85 Zip Code
33140

11. Pursuant to the provisions of Sections 607.0505 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

Mara M. Rankin President

3/4/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PT	<input type="checkbox"/> DELETE
NAME	RANKIN, MARA M	
STREET ADDRESS	8 FARREY LANE, BELLE ISLE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	VAN VORGUE, VANESSA	
STREET ADDRESS	8 FARREY LANE, BELLE ISLE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2335 Meridian Ave	
1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2335 Meridian Ave.	
2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Mara M. Rankin Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97 (305) 441-8285

CR2E034 (9/96)