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Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000004294 (2)

1. Corporation Name  
SKY VENDING INC.

Principal Place of Business

Mailing Address

~~20022 N.W. 57TH PLACE~~  
~~MIAMI FL 33015~~

~~20022 N.W. 57TH PLACE~~  
~~MIAMI FL 33015~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 3321 SW 179 AVE

26 3321 S.W. 179 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIRAMAR, FL

28 MIRAMAR, FL

24 Zip 33029

25 Country USA

29 Zip 33029

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTIERREZ, RAFAEL  
20022 N.W. 57TH PLACE  
MIAMI FL 33015

81 Name

SAME

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

3321 SW 179 AVE

83

84 City

MIRAMAR

FL

85 Zip Code

33029

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GUTIERREZ, RAFAEL  
20022 N.W. 57TH PLACE  
MIAMI FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
GUTIERREZ, MARLEN  
20022 N.W. 57TH PLACE  
MIAMI FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

3321 SW 179 AVE  
MIRAMAR, FL 33029

3321 S.W. 179 AVE  
MIRAMAR, FL 33029

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 supplementary 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 a duly authorized agent 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:

3/2/98 (954) 442-6992

CP2E034 (10/97)