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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # **P94000046255 (3)**

1. Corporation Name
VASE, INC.

Principal Place of Business	Mailing Address
1310 N.E. 43RD CT. POMPANO BEACH FL 33064	2490 N. FEDERAL HWY. POMPANO BEACH FL 33064 US

3. Date Incorporated or Qualified: **06/21/1994**	3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0498990**	[ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X]	**$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. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 24 NE 24TH AVENUE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. BOX #10781
City & State 23 POMPANO BEACH, FL.	City & State 28 POMPANO BEACH, FL.
Zip: 24 33061 Country: 25 US	Zip: 29 33061 Country: 30 US

9. Name and Address of Current Registered Agent

CONLEY, HELEN M
1310 N.E. 43RD CT.
POMPANO BEACH FL 33064

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, this 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, type or printed name of registered agent and date required) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	GERARDI, VINCENT SR.	
STREET ADDRESS	1310 N.E. 43RD CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	STD	[ ] DELETE
NAME	MANFREDONIA, SALVATORE	
STREET ADDRESS	1310 N.E. 43RD CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	[X] Change [ ] Addition
1.2 NAME	GERARDI, VINCENT SR	
1.3 STREET ADDRESS	24 NE 24TH AVENUE	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33061	
2.1 TITLE	VST	[X] Change [ ] Addition
2.2 NAME	MANFREDONIA, SALVATORE	
2.3 STREET ADDRESS	24 NE 24TH AVENUE	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ VINCENT GERARDI 2-13-95 954-784-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #