SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:49

DOCUMENT # **P94000052077 (2)**

1. Corporation Name

VIP INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
54 NE 54TH STREET MIAMI FL 33137	54 NE 54TH STREET MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3600 S. State Rd #7	26 3600 S. State Rd. #7
Suite, Apt. #, etc. 22 Suite 303	Suite, Apt. #, etc. 27 Suite 303
City & State 23 Miramar, Florida	City & State 28 Miramar, Florida
Zip / Country 24 33023 25	Zip / Country 29 33023 30

4. FEI Number: 65-0504667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SERGILE, JUDITH 54 NE 54TH STREET MIAMI FL 33137	81 Name: Sergile, Judith 82 Street Address (P.O. Box Number is Not Acceptable): 3008 Canal Rd 83 84 City: Miramar FL 85 Zip Code: 33025

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (DELETIONS: TYPE OR PRINT "DELETE")		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, HENRI MD 54 NE 54TH STREET MIAMI FL 33137	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	*Resigned	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURE, JACQUES P 3405 EAST SHORE ROAD MIRAMAR FL 33023	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director Dure, Jacques P 3008 Canal Rd Miramar FL 33025	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GUICHARD, RONALD 1503 NW 207TH STREET APT 132 MIAMI FL 33169	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Vice President Ronald Guichard 1412 NE 118 Terr. Miami, FL. 33161	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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: Ronald Guichard / RONALD GUICHARD 06-19-95 305/986-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043402 CP