

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

**FILED**  
**Mar 27 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P94000061935 (0)**

1. Corporation Name  
**VP, INC.**

Principal Place of Business <b>215 NW 33RD AVENUE MIAMI FL 33125</b>	Mailing Address <b>215 NW 33RD AVENUE MIAMI FL 33125-4824</b>
---	--



2. Principal Place of Business <b>21 1058 Adams Street</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 1058 Adams Street</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>08/22/1994</b>	3a. Date of Last Report <b>04/26/1996</b>
City & State <b>23 Hollywood, FL</b> Zip <b>24 33019</b> Country <b>25 USA</b>		City & State <b>28 Hollywood, FL</b> Zip <b>29 33019</b> Country <b>30 USA</b>		4. FEI Number <b>65-0538980</b>	Applied For Not Applicable
9. Name and Address of Current Registered Agent <b>PEDRAZ, VICTOR M 215 N.W. 33 AVENUE MIAMI FL 33125</b>		10. Name and Address of New Registered Agent		6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name <b>Victor M Pedraz</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1058 Adams Street</b>	
83	
84 City <b>Hollywood</b>	85 Zip Code <b>FL 33019</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PEDRAZ, VICTOR</b>		1.2 NAME <b>Victor Pedraz</b>	
STREET ADDRESS <b>215 NW 33RD AVENUE</b>		1.3 STREET ADDRESS <b>1058 Adams Street</b>	
CITY- ST- ZIP <b>MIAMI FL 33125</b>		1.4 CITY- ST- ZIP <b>Hollywood, FL 33019</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: Victor Pedraz **Victor Pedraz, President** **3-21-97** **(954) 929-0202**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)