FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000078024 (4) **DOCUMENT #** 1. Corporation Name

VIRDI VENTURES, INC.	
Principal Place of Business	Mailing Address
7411 MIAMI LAKES DRIVE MIAMI LAKES FL 33014	7411 MIAMI LAKES DRIVE MIAMI LAKES FL 33014

	Militali Printes in assi.							1			
							!	3. Date Incorporated or Qualified 10/21/1994	3a. Date		t Report /1995
2.	Principal Place of Busine	ess .	2a	, Mailing Address				4. FEI Number			Applied For
ā	•		26					65-0551991			Not Applicable
اد:	Suite, Apt. #, etc.	The second secon	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			
ر <u>ء</u> :	City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			•
3	Zip	Country		7 ₁ p	Cot	intry		8. This corporation has liability for	intangible ta	x unde	ers 199,032,
	2.17	25	29	i İ	30			To the Ottate of the Control of the			
24	n Name	and Address of Curr	1	stered Agent		T		10. Name and Address of New R	egistered A	\gent	
	3 , Marito	alla Addition of Calif				B1	Name				
	CULLEN, JOHN 7411 MIAMI LAKI	ES DR				82	Street Addres	ss (P.O. Box Number is Not Acceptab	Certificate of Status Desired S8.75 Additional Fee Required Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Name and Address of New Registered Agent		
	MIAMI LAKES FL					83					
						84	City		FL	85	Zip Code
		ions of Continue 607 OF	12 and 6	07 1508 Florida Statut	les the abi	JAB- U	amed corooral	tion submits this statement for the pu	pose of cha	inging	its registered office

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered of or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	gnature, typed or posted name of registered agent and title it ap	plicable (NOTE: B	ngistered Agent signature requi	ited when reinstating. DATE
12.	OCCUPIEDO ANO DIECOLODO			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	DEFELE	1. 1 TITLE	Change Addition
NAME	FONDA, DANTE		1.2 NAME	
STREET ADDRESS	7411 MIAMI LAKES DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY - ST - ZIP	
TITLE	DVS	DETELE	2. 1 THLE	Change Addition
NAME	CULLEN, JOHN		2.2 NAME	
STREET ADORESS	7411 MIAMI LAKES DR.		23 STREET ADDRÉSS	
CITY-ST-2IP	MIAMI LAKES FL 33014		2.4 CITY - ST - ZIP	P 0 P 1 120 -
TITLE	S	☐ DELETE	3 1 TITLF	Change Addition
NAME	BIONDO, JOSEPH		32 NAME	
STREET ADDRESS	7411 MIAMI LAKES DR.		3.3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014		3.4 CITY-ST-ZIP	
TITLE	A STATE OF THE PARTY AND ADMINISTRATION OF THE PARTY OF T	DELETE	4. 1 TO LE	Crange Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-SE-7IP	
TITLE		DELETE.	5 1 THLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CHTY-ST-ZIP			5.4 CITY - \$1 - ZIP	[Addition
TITLE		DELETE	6. 1 TITL€	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY - ST - ZIP	to the exemption stated in Section 119 07/3V/k). Florida Statutes I further

I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the receiver or trusted 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 one magnifichment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.5.558.245