SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000001690 (3) DOCUMENT # VIGAR INTERNATIONAL CORP. Principal Place of Business Mailing Address 9373 WEST SAMPLE ROAD 9373 WEST SAMPLE ROAD STE. 203 STE. 203 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0674682 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, 7<sub>in</sub> Country Zip Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Вŧ VICENTE GARAY TORRES, RONALD R ESQ. Street Address (P.O. Box Number is Not Acceptable) 62 1880 W. UNIVERSITY DRIVE 9373 West Sample Rd. Suite PLANTATION FL 33322 83 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 agent of both in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with an accept the obligations of, Section 607 6505, Florida Statutes. 84 Zip Code City GARAY PRESIDENT VICENTE SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)12. OFFICERS AND DIRECTORS DELETE Change X Addition 1.1 TITLE TITLE President Director P/D VICENTE GARAY 1.2 NAME NAME VICENTE GARAY CR2E034 9373 West Sample Rd.Suite 20 🖪 3 STREET ADDRESS STREET ADDRESS 9373 West Sample Rd. suite 203 Coral Springs, Fl. 33065 1.4 CITY - ST - 7IP CITY-ST-ZIP Coral Springs, Fl 33065 Change Addition DELETE 2 1 TiTLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 Tifle TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP CITY - ST - ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - 712 DELETE 6 1 TITLE TITLE 6.2 NAME 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)(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 made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block the chapter of an adactment with an address.

SIGNATURE: NAME 6/28/96

SIGNATURE AND TY ED OR PRINTED NAME OF