

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 22 1997 8:00am  
Secretary of State

DOCUMENT # P95000012142 (2)  
1. Corporation Name

VGD, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
02/13/1995

3a. Date of Last Report  
4/23/96

2. Principal Place of Business

2a. Mailing Address

21 5002 N.W. 36 Street

2a P.O. Box 520782

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33152

25 U.S.A.

29 33152

30 U.S.A.

5. Certificate of Status Desired

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Filings, INC.  
3732 N.W. 16th Street  
Fort Lauderdale, FL 33311

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, 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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Scott, Steven T.	
STREET ADDRESS	3831 N.W. 60th Court	
CITY-ST-ZIP	Virginia Gardens, FL 33166	<input checked="" type="checkbox"/> DELETE
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Swanson, Paul	
STREET ADDRESS	3831 N.W. 60th Court	
CITY-ST-ZIP	Virginia Gardens, FL 33166	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Vito La Forgia	
13 STREET ADDRESS	5002 N.W. 36th Street	
14 CITY-ST-ZIP	Miami, Florida 33152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Saul J. Sack	
23 STREET ADDRESS	5002 N.W. 36th Street	
24 CITY-ST-ZIP	Miami, Florida 33152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Anthony La Forgia	
33 STREET ADDRESS	5002 N.W. 36th Street	
34 CITY-ST-ZIP	Miami, FL 33152	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

600002152456  
-04/23/97--01091--052  
\*\*\*165.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Saul J. Sack, Sec'y. 4/16/97, (305) 871-5557

CR2E034 (9/96)