

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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
 21 **5002 N.W. 36 Street**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Miami, Florida**
 Zip Country
 24 **33152** 25 **U.S.A.**

2a. Mailing Address
 26 **P.O. Box 520782**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Miami, Florida**
 Zip Country
 29 **33152** 30 **U.S.A.**

4. FEI Number **65-0573331** Applied For Not Applicable

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

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

600002152456 Change Addition
-04/23/97--01091--052
*****165.00**

Handwritten: LW 4-22-97

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: *Saul J. Sack* **Saul J. Sack, Secy. 4/16/97, (305) 871-5557**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)