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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000029142 (3)**

1. Corporation Name
VAPOR INTERNATIONAL INC.

Principal Place of Business
3650 HACIENDA BLVD.
SUITE C
FT.LAUDERDALE E FL 33314

Mailing Address
9501 SEAGRAPE DRIVE #104
FORT LAUDERDALE FL 33324-5807

3. Date Incorporated or Qualified: **04/10/1995**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business
21 | Suite, Apt. #, etc.: 22 | City & State: 23 | Zip: 24 | Country: 25

2a. Mailing Address
26 **3650 HACIENDA BLVD.** Suite, Apt. #, etc.
27 **SUITE C** City & State
28 **FORT LAUDERDALE, FL** Zip: 29 **33314** Country: 30 **U.S.A.**

4. FEI Number: **65-0579186** ☐ 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
MYERS, PEG
9501 SEAGRAPE DRIVE #104
FORT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent
81 Name: **LEVY, JOEL**
82 Street Address (P.O. Box Number is Not Acceptable): **3650 HACIENDA BLVD.,**
83 **SUITE C**
84 City: **FORT LAUDERDALE,** **FL** 85 Zip Code: **33314**

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: 3/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PSTD** **STRAUSS, FRANCES** **3650 HACIENDA BLVD, SUITE C** **FT. LAUDERDALE FL 33314** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**P** **STRAUSS, FRANCES** **3650 HACIENDA BLVD., SUITE C** **FORT LAUDERDALE, FL 33314** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VD** **AMORETA, LUIGI** **3650 HACIENDA BLVD, SUITE C** **FT. LAUDERDALE FL 33314** ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**VD** **SEXENA, NARESH, DR.** **3650 HACIENDA BLVD., SUITE C** **FORT LAUDERDALE, FL 33314** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **ZIKOFSKY, DIETER** **3650 HACIENDA BLVD, SUITE C** **FT. LAUDERDALE FL 33314** ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	**T** **BALABANIAN, MIKE, DR.** **3650 HACIENDA BLVD., SUITE C** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	**S** **LEVY, JOEL** **3650 HACIENDA BLVD., SUITE C** **FORT LAUDERDALE, FL 33314** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Fran Vogt Strauss 2/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0263615