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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041994 (1)

V AND E INTERNATIONAL INC.

FILED Mar 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 36 BEACHWAY DRIVE 36 BEACHWAY DRIVE PALM COAST FL 32137 PALM COAST FL 32137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1995 20. Mailing Address 26 70 FEVI MORE LM 4. FEI Number 2. Principal Place of Business Applied For 10 LENI WORE 59-3318281 Not Applicable Suite, Apt. W. etc. COAST Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State FL PALM 6. Election Campaign Financing \$5.00 May Be FL COAST Trust Fund Contribution Added to Fees 23 28 Zip 32137 FLAGLER 8. This corporation owes or has paid the current year Intangible 32137 25 FLACLER 24 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOTOMIN, ELENA 36 BEACHWAY DRIVE Ŕ2 Street Address (P.O. Box Number is Not Acceptable) PALM COAST FL 32137 83 84 City 85 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELFTE 1.1 TITLE TITLE VALLERI KOTOMIN KOTOMIN, ELENA 1.2 NAME NAME 36 BEACHWAY DRIVE FENIMOR LN 70 STREET ADDRESS 1.3 STREET ADDRESS PALM COAST FL 32137 32137 COAST CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ___ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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

LENA

**Cotom: N - PRESIDENT*

OSJ05/98

ELENA

**Cotom: N - PRESIDENT*

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