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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P95000059047 (7)

VADI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 07 1998 8:00am Secretary of State



1 morpar i ac	5 O 600 m 1000	Mailing Addition								
15520 S.W. 70TH TERRACE MIAMI FL 33193		15520 S.W. 70TH TERRACE MIAMI FL 33183				DO NOT WRITE	IN THIS S	PACE		
					'	3. Date Incorporated or Qualified				
6 Date do al fi	loss of Flyslands	Lan Martin Address				07/31/1995				
<b>─</b> ¬ '	lace of Business	2a. Mailing Address	nalling Adoress			4. FEI Number			Applied For	
21		26				65-0600513			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		
City & Stat	e	City & State				6. Election Campaign Financing		\$5.0	<b>0</b> Мау Ве	
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Country			B. This corporation owes or has pa	id the curr	ent year	Intangible	
24	25	29	30			Personal Property Tax due June 30.  Yes No				
	9. Name and Address of Curren					10. Name and Address of New Re	gistered A	gent		
DO			81	Na	me					
ROSARIO, LUIS G										
15520 \$.W. 70THT ERACE			82	82 Street Address (P.O. Box Number is Not Acceptable)					Į.	
MIA	MI FL 33193		83	+						
			63	'						
			84	Cit	ly		FL	85 Zi	p Code	
11 Diversant	to the provisions of Sections 607 050	2 and 607 1608 Florida Statuto	n the abou	io par	mod corpo	ration submits this statement for the p		hanain.	tite registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized b	y the	corporatio	n's board of directors. I hereby accep	ot the appo	intment :	as registered	
agent. I a	m familiar with, and accept the obliga	ations of Section 607.0505. Flo	rida Statute	s.					_	
SIGNATURE										
	Signature, typed or printed name of registered age			ont sign	nature required	when reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	PD	DELETE	1.1 TITLE					Change	e 🔲 Addition	
NAME	ROSARIO, LUIS G		1.2 NAME							
STREET ADDRESS	15520 S.W. 70TH TERRACE		1.3 STREE	T ADDRI	FSS					
CITY-ST-ZIP	MIAMI FL 33193		1,4 CITY-							
TITLE		DELETE	2.1 TITLE	31.51				Change	Addition	
				1			,		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME				2.2 NAME					ŀ	
STREET ADDRESS	15520 S.W. 70TH TERRACE		2.3 STREE	i addri	ESS					
CITY-ST-ZIP	MIAMI FL 33193		2. 4 CHY-	ST-Z(P	<u> </u>					
TITLE		☐ DELETE	3.1 TITLE					Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T ADDRI	FSS					
			3,4. CITY-						ĺ	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	31-71	<del></del>			Change	Addition	
		F-1 Diccir	1		}			crenge		
NAME			4. 2 NAME		1					
STREET ADDRESS			4.3 STREE	T ADDRE	ESS					
CITY-ST-ZIP			4.4 CHY-	ST- 21P						
TITLE	·	DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME		Ì				ì	
STREET ADDRESS			5.3 STREE	I ADDRI	ESS				]	
CITY-ST-ZIP			5.4 CITY- 9							
TITLE		☐ DELETE	6.1 TITLE	01-21P				Change	Addition	
			• • • • • • • • • • • • • • • • • • • •				,	vinanyt	, LI AUGROUP	
NAME (			6.2 NAME		1				1	
STREET ADDRESS		_	6.3 STREE	T ADDRE	ESS				ļ	
CITY-ST-ZIP			6.4 CfTY - 5	ST-ZIP			_		[	
	ertify that the information cumplied w	this filing date not quality for			etated in Se	ection 119 07(3)(i) Florida Statutes I	further cor	ify that th	ne information	

accurate and that my signature shall have the same legal effect as it made under oath; that I am an be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in