

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

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000071231 (1)**  
 1. Corporation Name  
**VGM INTERNATIONAL, INC.**



Principal Place of Business <b>1111 KANE CONCOURSE, SUITE 518                  BAY HARBOR FL 33154</b>	Mailing Address <b>1111 KANE CONCOURSE, SUITE 518                  BAY HARBOR FL 33154</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	28 Country
25 Country	29 Zip
30 Country	

3. Date Incorporated or Qualified <b>09/14/1995</b>	
4. FEI Number <b>65-0612783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GITMAN, Y  
 1111 KANE CONCOURSE  
 SUITE 518  
 BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent

81 Name  
**SIGNET International, Inc**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1111 Kane Concourse, #518**

84 City  
**Bay Harbor Is** FL 85 Zip Code  
**33154**

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]* **03.08.1998**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>GITMAN, YAKOV</b>	
STREET ADDRESS	<b>1111 KANE CONCOURSE, SUITE 518</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	
TITLE	<b>VTD</b>	
NAME	<b>SPIRIDONOV, VLADIMIR</b>	
STREET ADDRESS	<b>1111 KANE CONCOURSE, SUITE 518</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	
TITLE	<b>D</b>	
NAME	<b>GITMAN, ALISA</b>	
STREET ADDRESS	<b>1111 KANE CONCOURSE, SUITE 518</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 it changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **03.08.1998**

CR2E034 (10/97)

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Dep 450

305-867-1774