

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P9600002292 (6)**  
1. Corporation Name  
**VOSU CO.**

Principal Place of Business <b>145 Yacht Club Way #310 Hypoluxo, FL 33462</b>	Mailing Address <b>145 Yacht Club Way #310 Hypoluxo, FL 33462</b>
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3. Date Incorporated or Qualified <b>01/08/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0632892</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>505 South Flagler Drive</b>	2a. Mailing Address 26 <b>505 South Flagler Drive</b>
Suite, Apt. #, etc 22 <b>Suite 1001</b>	Suite, Apt. #, etc 27 <b>Suite 1001</b>
City & State 23 <b>West Palm Beach, FL</b>	City & State 28 <b>West Palm Beach, FL</b>
Zip 24 <b>33401</b>	Country 25
Zip 29 <b>33401</b>	Country 30

9. Name and Address of Current Registered Agent  
**Scholin, Christian N.  
224 Datura Street 1  
Suite 1100  
West Palm Beach, FL 33401**

10. Name and Address of New Registered Agent

81 Name <b>Christian N. Scholin, Require</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>505 South Flagler Drive, Suite 1001</b>
83
84 City <b>West Palm Beach</b>
85 Zip Code <b>FL 33401</b>

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: CHRISTIAN N. SCHOLIN DATE: 4/29/97  
Signature (type or print name of registered agent, if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Vosu, Guido</b>
STREET ADDRESS	<b>145 Yacht Club Way, #310</b>
CITY-ST-ZIP	<b>Hypoluxo, FL 33462</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Guido, Vosu</b>
1.3 STREET ADDRESS	<b>505 South Flagler Drive, Suite 1001</b>
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

**100002190521**  
**-05/27/97--01001--044**  
**\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Guido Vosu Director DATE: 4/29/97 DAYTIME PHONE: 561-655-7711  
Signature and typed or printed name of signing officer or director Date Daytime Phone