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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018328 (0)

VINTEX TRAINING INSTITUTE, INC.					
Principal Plac	e of Business	Mailing Address			YI ODIDO IIIIO FICO! IBII FOOT
1450-MADRU	GA-AV E.	-1450 MADRUGA AVE:			
STC: 804		-8TE. 304		<u> </u>	
CORAL GABLES FL-93146		CORAL-GABLES FL 85116		DO NOT WRITE IN THIS SPACE	
<u> 118.</u>		US		3. Date Incorporated or Qualified	
6 Dianian D	Name of Division	A Mailion Address		02/28/1996 4. FEI Number	
2. Principal P	tace of Business	2a. Mailing Address	w 48 Si		Applied For
Suite, Apt.		26 74-66 S Suite, Apt. #, etc.	m da s		Not Applicable \$8.75 Additional
22	, 0.0	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIA		28 Mi AMI.	FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	rent year Intaggible
24 33 1	25 US	29 33155	30 US	Personal Property Tax due June 30.	Yes No
_	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
AMERILAWYER CHARTERED 8			81 Name		
343 ALMERIA AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134					
			B3		
	•		84 City		85 Zip Code
				FL	
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 register 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			Registered Agent signature	required when reinstating\ DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PTO	DELFTE	1.1 TITLE	7. Octobrilla de la Companya de la C	Change
NAME	OMACHONU, ABO E		1.2 NAME		
STREET ADDRESS	1460 MADRUGA AVENUE, GUI	TE 201-	1.3 STREET ADDRESS	7466 SW 48 ST.	_
CITY-ST-ZIP	CORAL-GABLES FL 33146		1.4 CITY-ST-ZIP	MIAMI AL 3315	5
TITLE	VSD	DELETE	2 1 TITLE		Change
NAME	OMACHONU, VINCENT K		2.2 NAME		
STREET ADDRESS	1450 MADRUGA AVENUE, SUI	TE 201	2 3 STREET ADDRESS	7466 SW 48 57.	
CITY-ST-ZIP	GORAL GABLES FL 33140		2 4 CITY-ST-ZIP	MIAMON PL 33155	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T periese	54 CITY - ST - ZiP		7
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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FILED

May 15 1998 8:00am

Secretary of State