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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029218 (0)

VERBO, INC.

| 8775 EAST OAKLAND PARK BLVD. | 2775 EAST OAKLAND PARK BLVD. |
|------------------------------|------------------------------|
| FT. LAUDERDALE FL 33306      | FT. LAUDERDALE FL 33306-1604 |
| Principal Place of Business  | Mailing Address              |

## FILED May 14 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

03/28/1996

|   |   |   |  | 00/20/ 1000  |                     |  |  |
|---|---|---|--|--|---------------------|--|--|
| 2. Principal P  | Principal Place of Business  2a. Mailing Address  2b. Small |   |  | 4. FEI Number 65 - 0666 832   Not Applie   | ed For<br>opticable |  |  |
| Suite, Apr.   | Pelc.   | Suite, Apt. #, etc.   |  | \$8.75 Addi  | <del></del>         |  |  |
| 27  |   |   | 5. Certificate of Status Desired Fee Required  |  |                     |  |  |
| City & Stat   | 6   | City & State  |  | 6. Election Campaign Financing \$5.00 May  | y Be                |  |  |
| 23  |   | 28  |  | Trust Fund Contribution  |                     |  |  |
| Zip   | Country   | 7 ip  | Country  | 8. This corporation has liability for intangible tax under s. 199 Florida Statutes ☐ Yes ☐ No  | 9.032,              |  |  |
| 24 25 29 30 9. Name and Address of Current Registered Agent |   |   |  | 10. Name and Address of New Registered Agent   |                     |  |  |
| LINDEDT IOSEDU A  |   |   |  |  |                     |  |  |
| AAAA EAAT AAAMAEDOMA DINA                                   |   |   | 93 Stroot-A                                    | 82 StreehAddress (P.O. Box Number is Not Acceptable)   |                     |  |  |
| FORT LAUDERDALE FL  |   |   | 02 311867                                      | 82 Street Address (P.O. Box Number is Not Acceptative)   |                     |  |  |
|   |   |   | 83   |  |                     |  |  |
|   |   |   | 84 City  | - 85 Zio Code  | e 🔨                 |  |  |
|   |   |   | 1 741  | CAVASCATEUS FL 3336  | Ob                  |  |  |
| 11. Pursuant office or r                                    | to the provisions of Sections 607.050 eaistered agent, or both, in the State  | 2 and 607.1508, Florida Statutes<br>of Florida, Such change was aut   | , the above-named c<br>thorized by the coroc   | orporation submits this statement for the purpose of changing its re-<br>pration's board of directors. I hereby accept the appointment as regi | gistered<br>istered |  |  |
| agent. I a  | m familiar with, and accept the obliga  | ations of, Section 607.0505, Flori                                    | da Statutos.                                   | 1. 1 17/00   |                     |  |  |
| SIGNATURE   | Signature, typod or printed pages of registered age   |   | Registered Agent signature re                  | 1+pal ~//-11   | ~                   |  |  |
| 12.   | OFFICERS ANI  |   | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN   | V 12                |  |  |
| TITLE   | PSD   | <b>W</b> DELETE   | 1.1 1ITLE                                      |  | Addition            |  |  |
| NAME  | HUBERT, JOSEPH A  |   | 1.2 NAME                                       |  |                     |  |  |
| STREET ADDRESS  | 2400 E. COMMERCIAL BLVD.  |   | 1,3 STREET ADDRESS                             |  |                     |  |  |
| CITY-ST-ZIP_  | FT. LAUDERDALE FL 33308   |   | 1.4 CHY+ST+ZIP                                 |  |                     |  |  |
| TITLE   | Personsi  | ☐ DELFTE  | 2 1 TITLE                                      | Change _   | Addition            |  |  |
| NAME  | Phure Boisson   | LD PK BWD   | 2.2 NAME                                       |  |                     |  |  |
| STREET ADDRESS  | RTK E ONKUM   | · ·   | 2.3 STREET ADDRESS                             |  |                     |  |  |
| CITY-ST-ZIP   | TO LAUDER DAUS  | TC 33306  | 2. 4 CITY- S1 - ZIP                            |  | Tanger              |  |  |
| TITLE   | VICE PLUST  | DELETE  | 3 1 TIPLE                                      | Change   | Addition            |  |  |
| NAME  | DENIS VERDIEN   | TO PK SWD   | 3.2 NAME                                       |  |                     |  |  |
| STREET ADDRESS  | 2777 E OMELAN   | FLA 33306   | 3.3 STREET ADDRESS                             |  |                     |  |  |
| CITY-ST-ZIP<br>TITLE  | 4. MAINDENDIAGE   | DELETE  | 3.4. CHTY-ST-7/P<br>4.1 THE                    | Change   | Addition            |  |  |
| NAME  |   |   | 4. 2 NAME                                      |  |                     |  |  |
| STREET ADDRESS  |   |   | 4.3 STREET ADDRESS                             |  |                     |  |  |
| CITY-ST-ZIP   |   |   | 4.4 CITY- ST-7IP                               |  |                     |  |  |
| TITLE   |   | DELETE  | 5.1 THLE                                       | ☐ Change   | Addition            |  |  |
| NAME  |   |   | 5.2 NAME                                       |  |                     |  |  |
| STREET ADDRESS  |   |   | 5.3 STREET ADDRESS                             |  |                     |  |  |
| CITY-ST-ZIP   |   | · · · · · · · · · · · · · · · · · · ·                                 | 5.4 CITY+ST-ZIP                                |  | <b></b>             |  |  |
| TITLE   |   | DELETE  | 61 THLE  | Change   | Addition            |  |  |
| NAME  |   |   | 6.2 NAME                                       |  |                     |  |  |
| STREET ADDRESS  |   |   | 6.3 STREET ADDRESS                             |  |                     |  |  |
| CITY-ST-ZIP   | by cartify that the information symplic   | d with this filing does not availed                                   | 6.4 CITY-ST-ZIP                                | ted in Section 119.07(3)(i), Florida Statutes. I further certify that the  |                     |  |  |
| informatio  | on indi <b>ca</b> ted on this annual report or s  | supplemental annual report is trui<br>the receiver or trusted empower | e and accurate and t<br>red to execute this re | hat my signature shall have the same legal effect as if made under opert as required by Chapter 607, Florida Statutes; and that my name        | oath; that<br>e     |  |  |