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 # P96000030929 (9)

VESTBROKER, INC.

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Principal Plac	e of Businoss	Mailing Address			18611001 319 50110 01111 00111 00114 00141 00	IRB (II)) BAINE MILA MAIS INN 1881
9100 S DADE	ELAND BLVD	9100 S DADLAND BLY	۷D			
106 106					DO NOT WRITE IN THIS SPACE	
MIAMI FL 33156 MIAMI FL 33156 US US					3. Date Incorporated or Qualified	
1		••			04/03/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0668725	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	1	27				Fee Required
City & Stat	θ	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	7 _(F)	Country	.,		
24	25 29 30		ļ	,	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
	9. Name and Address of Curre				10. Name and Address of New Registe	
SC	HIFF, JAMES M		81	Name		
9130 SOUTH DADELAND BLVD. #1609				Street Ado	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
MI	AMI FL 33156		82			
			83			
1			84	City		85 Zip Code
44 5	10-4	00		ļ		FL 83 Zip Code
office or r	egistered agent, or both, in the State	e of Florida. Such change wa	as authorized bi	y the corpora	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	e appointment as registered
. agent.la	m familiar with, and accept the obliq	gations of, Section 607.0505,	Florida Statute	S.		
SIGNATURE	Signature, typod or printed name of registered ag	cot and title of applicable (f	NOTE Registered Au	ent signature regu	uired wikin reinstating) D	ATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE 1.1 TATLE				Change Addition
NAME	RABINOWITZ, CRAIG	1.2 NAME				
STREET ADDRESS	10028 S.W. 127 STREET	1.3 STREET ADDR		ADDRESS		
CITY - ST - ZIP	MIAMI FL 33176	Doubte	1.4 CITY - S	ST-7)P		
TITLE	ST MODED BOLICE	☐ DELETE				Change Addition
NAME DEDUCES ADDRESS	ZIPPER, BRUCE 15002 S.W. 149 STREET	2 2 NAME 2.3 STREFT ADDRESS				
STREET ADDRESS	MIAMI FL 33196					
CITY-ST-ZIP	MICHIE E OSTAO	DELETE	2. 4 CITY - 3.1 THLE	51-2IP		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			3.4. CITY-	i		
TITLE		DELETE	4.1 TITLE	`		Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CiTy - S	SI - ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	İ		
STREET ADDRESS	W. Francisco		5.3 STREET			
CITY-ST-ZIP		DELETE	5.4 CHY-S	ST-ZIP		Change Addition
TITLE		FT DEFEIE	61 1111	1		T cusufts T vocition
NAME ATOTET ADDRESS			6.2 NAME	1000000		
STREET ADDRESS			6.3 STREET	ADDRESS		

CITY-ST-ZIP

14. Thereby 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.

FILED

Feb 04 1998 8:00am

Secretary of State