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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name

P96000043164 (8)

FILED Mar 30 1998 8:00am Secretary of State

DOW-V	VARNER I	nternational GF	ROUF	P, INC.					
Principal Plac	e of Busines	\$	М	ailing Address					- 3 SABNIBBY SIB IBAIN BAIN ABAIN ABAIN BAIN BAIN BAIN
2801 PONCE DE LEON BLVD. 2801 PONCE DE LEON					LVD.				
SUITE 455	01 00000			SUITE 455					
CORAL GABI	ES FL 33134	-6917	(ORAL GABLES FL 3313	4-6917				DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
				2a. Mailing Address					05/20/1996 4. FEI Number Applied For
2. Principal Place of Business									
21				Suite, Apt. #, etc.					65-0667116 Not Applicable
Suite, Apt. #, etc.			1	27					5. Certificate of Status Desired
City & State			2/	City & State					
23			20	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip Country			20	Zip Countr			,		8. This corporation owes or has paid the current year Intengible
24		25	29		30				Personal Property Tax due June 30. Yes No
1821		and Address of Current		tered Agent	100]	_			10. Name and Address of New Registered Agent
TH	IOMAS, BRA	ADEORD A		T		81	Na	me	
	MBRELL & I						01-	6 -1 -1	(DO Do N
		PLAZA, SUITE 900				82	50	eet Addres	ess (P.O. Box Number is Not Acceptable)
	AMI FL 331					83			
1910	AIIII TE OOT	01-2000							
						64	Cit	У	FL 85 Zip Code
11. Pursuant office or agent. I a	to the provis registered ag am familiar wi	ions of Sections 607.0502 jonl, or both, in the State of th, and accept the obligat	and 6 of Flori tions o	07.1508, Florida Statut da. Such change was a f, Section 607.0505, Fic	es, the a authorize orida Stat	bove d by lutes	e-nar y the s.	ned corpo corporatio	pration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE									
BIGHTATOTE	Signature typed	or printed harric of registered agen	t and title	if applicable. (NOI	E Registere	d Age	enl sigr	alure required	d when reinstaling) DATE
12.	, <u>.</u>	OFFICERS AND	DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DEL ete	DELETE 1.1 T		I.1 TITLE		Change Addition		
NAME				1.2 NA				İ	
STREET ADDRESS		PONCE DE LEON BLV		155	1.3 \$1	REET	ADDRI	ess	
CITY-ST-ZIP	CORAL GABLES FL 33134-691					1.4 CITY-ST-ZIP			
TITLE	D			DELETÉ	2.1 TI	TLE			☐ Change ☐ Addition
NAME	VACCA,				2.2 N	AME		1	
STREET ADDRESS		PONCE DE LEON BLV		155	2.3 S	FREET	ADDRI	ESS	
CITY-ST-ZIP	CORAL	GABLES FL 33134-691	17		_		ST-ZIP	_	
TITLE	Ţ			☐ DELET e	3.1 Ti	TLE		l	Change Addition
NAME					3.2 N	AME			
STREET ADDRESS					3.3 S	TREET	ADDRI	ess	
CITY-ST-ZIP					3.4. 0	ITY-S	ST-ZIP		
TITLE				☐ DELET e	4.1 TI	TLE			Change Addition
NAME]				4.2 N	AME			
STREET ADDRESS					4.3 \$	TREET	ADDRI	ESS	
CITY-ST-ZIP					4.4 C	ITY-S	ST-21P		
TITLE				DELETE	5.1 TI	TLE			☐ Change ☐ Addition
NAME]				5.2 N	AME			
STREET ADDRESS]				5.3 S1	REET	addri	ess	
CITY-ST-ZIP					5.4 CI	1 <u>Y-</u> S	ST - ZiP		
TITLE				DELETE	6.1 TI	TLE			☐ Change ☐ Addition
NAME					6.2 N	AME			
STREET ADDRESS					6.3 \$	rreet	ADDRI	ss	
CITY-ST-ZIP	ŀ				6.4 CI	TY-S	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.