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 #

P96000043776 (9)

VARNORTH, CORP.

FILED May 08 1998 8:00am Secretary of State

!						
Principal Place	e of Business	Mailing Address				
3310 S.W. 106TH AVE.		3310 S.W. 106TH AVE.				
MIAMI FL 33184		MIAMI FL 33184			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/22/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0670877 Not Appl	icable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Z p Country 25		2ηρ 29	Country 30		8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No	
24	9. Name and Address of Curren		1301		10. Name and Address of New Registered Agent	
BARREDO, FABIO 81 Name						
3310 S.W. 106TH AVE.			82	Circot Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33184			02	Sireer Add	dress (F.O. box number is not Acceptable)	
]			63			
			84	City	85 Zip Code	
				1	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 registered office or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or punited name of registered age	nt port little if agont ability (NO)	F. Renistered An	ont signature requ	pured when rainstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	PD	☐ DELETE	1 1 11TLE		Change A	ddition
NAME	BARREDO, FABIO		12 NAME			
STREET ADDRESS	3310 S.W. 106TH AVE.	1 3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184	District	1.4 CITY - S	ST - Z)P		4450
TITLE	STD BADDEDO FLICA	☐ DELET E	21 TITLE		Change L A	ddition C
NAME Street address	BARREDO, ELISA 3310 S.W. 106TH AVE.		2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33184			2.4 City-St-ZIP			
TITLE			3.4 TITLE	51-211	Change A	ddition
NAME			3.2 NAME		v <u>-</u>	
STREET ADDRESS		t	3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY -	S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ A	ddition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 9	ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change A	ddition
NAME			5.2 NAME		-b>	۲
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		E.	$X \perp$
CITY-ST-ZIP TITLE		DILETE	5.4 CITY - S 6.1 TITLE	si · ZIF	Change A	ddition
NAME					700002517617 "	
STREET ADDRESS	•		6.2 NAME 6.3 STREET	ADDRESS	700002517617 -05/08/2801092018	
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP		***150.00	
44 14			0.7 0117	· 1		

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 this 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.