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

FILED
Jun 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045918

1. Corporation Name

VESTEVA CORPORATION

Principal Place of Business / Mailing Address

4818 S.W. 20th AVENUE
CAPE CORAL, FLORIDA 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **5/30/96**

2. Principal Place of Business
21 **4818 S.W. 20th AVENUE**
22 Suite, Apt. #, etc:
23 City & State: **CAPE CORAL, FLORIDA**
24 Zip: **33914** 25 Country: **USA**

2a. Mailing Address
26 **4818 S.W. 20th AVENUE**
27 Suite, Apt. #, etc:
28 City & State: **CAPE CORAL, FLORIDA**
29 Zip: **33914** 30 Country: **USA**

4. FEI Number: **65-0667371** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: **RICHARD R. RICCIANI**
82 Street Address (P.O. Box Number is Not Acceptable): **6371-4 PRESIDENTIAL COURT**
83
84 City: **FORT MYERS,** **FL** 85 Zip Code: **33919**

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 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: [signature] Ricciani — 6/16/98
(Signature, typed or printed name of individual, and title if applicable. Agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D P	☐ DELETE	11 TITLE	D P	☒ Change ☐ Addition
NAME	RUEDIGER VETTER		12 NAME	RUEDIGER VETTER	
STREET ADDRESS	5605 S.W. 14th AVENUE		13 STREET ADDRESS	4818 S.W. 20th AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33914		14 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	V S T	☐ DELETE	21 TITLE	V S T	☒ Change ☐ Addition
NAME	EVA VETTER		22 NAME	EVA VETTER	
STREET ADDRESS	5605 S.W. 14th AVENUE		23 STREET ADDRESS	4818 S.W. 20th AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33914		24 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

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] Ruediger Velter 06/03/98 941 540 8743