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 # PAROGODA9103 (0)

VIIHO	N RPH, INC.	0010100	0 ,			
Principal Plac	ce of Business	Mailing Address				
601 BRICKELL KEY DRIVE SUITE 605 MIAMI FL 33131		601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 06/07/1996 	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		52-1983679	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City B Chair		27				Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28	Cour	htrv	Trust Fund Contribution	Added to Fees
24	25	29	30	ici y	This corporation owes or has paid the c Personal Property Tax due June 30.	Current year Intangible ☐ Yes ☐ No
24]	9, Name and Address of Curre		1901		10. Name and Address of New Registere	
IA.	LEN & GALEGO			81 Name	•	
	1 BRICKELL KEY DRIVE		\ -	00 0	Add (D.O. Carabarata In New Yorks)	
MIAMI FL 33131				82 Street A	Address (P.O. Box Number is Not Acceptable)	
*****	AIR I E GO IO I		<u> </u>	83		
			-	04 63		
				B4 City	F	L 85 Zip Code
11. Pursuant office or agent. La	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607.1508, Florida S	statutes, the ab	ove-named	corporation submits this statement for the purpose	of changing its registered
=	am fanıılıar with, and accept the oblig	ations of, Section 607.050	5, Florida Statu	ites.	oration's board of directors, I hereby accept the a	ppointment as registered
SIGNATURE						
=	Signature, typed or prefer name of registered ag				required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
SIGNATURE	Signature, typed or prefer name of registered ag	on and tea if applicable	(NOTE Registered	Agent signature	required when reinstating) DATE	
SIGNATURE	Signature Typed or predete name of registered ag OFFICERS AN	on and tea of applicable DIDIRECTORS	(NOTI Registered	Agent signature	required when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. 1ITLE	Stenature, typed or proded name of registered ag	on and tea of applicable DIDIRECTORS	(NOTE Registered 13. E 1.1 IIII	Agent signature	required when reinstating) DATE	ND DIRECTORS IN 12
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14. Thereby certify that the information supplied with this filing does lot 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 in true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster 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

6.2 NAME

63 STREET ADDRESS 6.4 CITY - S1 - ZIP

SIGNATURE:

NAME STREET ADDRESS

April 29, 1998 (305) 372-3350

FILED

May 18 1998 8:00am

Secretary of State