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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062715

Corporation Name
 VIDA-NADA, CORP

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90043 031 ***150.00

VIDA-NA	.DA, CORP.								
Principal Place	a of Business	Mailing Address				-{		ETITO TIDIL II	1801 (1881 BIST (881
650 E HALLANDALE BEACH BLVD. 650 E HALLANDALE BEACH BLVD.									
HALLANDALE FL 33009 HALLANDALE FL 33009 4									
_	•	•				DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						07/26/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0699909			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired			5 Additional
22		27				J. Caralogic S. Canada Scanda		Fee	Required
City & Stat	le	City & State				6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution		Add	ed to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the cur	rent year Inta		
24	25		30			Personal Property Tax.		Yes	□No .
	9. Name and Address of Currer	nt Registered Agent		**1 **		10. Name and Address of New	Registered /	Agent	
IMAN	MOVIC, VIDA		ľ	B1 Na	me				ĺ
	S NE 56TH STREET		8	B2 Str	eet Addre	ess (P.O. Box Number is Not Accept	able)		_
_	. #107		L						
			8	83					
F1. L	LAUDERDALE FL 33308		5	84 Cit	v			85 2	tip Code
				.	•		FL	$A^{-1}A$	•
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ove-nar	ned corpo	pration submits this statement for the	purpose of	changing	its registered
l office or r	egistered agent, or both, in the State	of Florida. Such change was au	morizea t	Dy the (orporation	n's board of directors. I hereby acce	pt the appoir	ntment as	s registered
l office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	tnorized t ida Statuti	by the d	orporation	n's board of directors. I hereby acce	pt the appoir	ntment as	s registered
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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, with all other like empowered.

SIGNATURE:

WELLIS A TOTAL CHECKER ED

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12. 89 965/454 8112

Daytime Phone

CR2E034 (11/98