

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

1. Corporation Name  
**VERA-CRUZ CORPORATION**

**1193 CAMELLA CIRCLE  
FORT LAUDERDALE FL 33326**

**Mailing Address**  
**1183 CAMELLA CIRCLE**  
**FORT LAUDERDALE FL 33326-3813**

3. Date Incorporated or Qualified <b>08/30/1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0710371</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: \_\_\_\_\_  
 Type of product name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD BAZSA, ISSA 1193 CAMELLA CIRCLE FORT LAUDERDALE FL 33326</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY - ST - ZIP	2.4 CITY - ST - ZIP		
TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY - ST - ZIP	3.4 CITY - ST - ZIP		
TITLE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY - ST - ZIP	4.4 CITY - ST - ZIP		
TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY - ST - ZIP	5.4 CITY - ST - ZIP		
TITLE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY - ST - ZIP	6.4 CITY - ST - ZIP		
TITLE	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7.2 NAME		
STREET ADDRESS	7.3 STREET ADDRESS		
CITY - ST - ZIP	7.4 CITY - ST - ZIP		
TITLE	8.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8.2 NAME		
STREET ADDRESS	8.3 STREET ADDRESS		
CITY - ST - ZIP	8.4 CITY - ST - ZIP		
TITLE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9.2 NAME		
STREET ADDRESS	9.3 STREET ADDRESS		
CITY - ST - ZIP	9.4 CITY - ST - ZIP		
TITLE	10.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10.2 NAME		
STREET ADDRESS	10.3 STREET ADDRESS		
CITY - ST - ZIP	10.4 CITY - ST - ZIP		
TITLE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	11.2 NAME		
STREET ADDRESS	11.3 STREET ADDRESS		
CITY - ST - ZIP	11.4 CITY - ST - ZIP		
TITLE	12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12.2 NAME		
STREET ADDRESS	12.3 STREET ADDRESS		
CITY - ST - ZIP	12.4 CITY - ST - ZIP		
TITLE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13.2 NAME		
STREET ADDRESS	13.3 STREET ADDRESS		
CITY - ST - ZIP	13.4 CITY - ST - ZIP		
TITLE	14.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14.2 NAME		
STREET ADDRESS	14.3 STREET ADDRESS		
CITY - ST - ZIP	14.4 CITY - ST - ZIP		
TITLE	15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	15.2 NAME		
STREET ADDRESS	15.3 STREET ADDRESS		
CITY - ST - ZIP	15.4 CITY - ST - ZIP		
TITLE	16.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16.2 NAME		
STREET ADDRESS	16.3 STREET ADDRESS		
CITY - ST - ZIP	16.4 CITY - ST - ZIP		
TITLE	17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	17.2 NAME		
STREET ADDRESS	17.3 STREET ADDRESS		
CITY - ST - ZIP	17.4 CITY - ST - ZIP		
TITLE	18.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18.2 NAME		
STREET ADDRESS	18.3 STREET ADDRESS		
CITY - ST - ZIP	18.4 CITY - ST - ZIP		
TITLE	19.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	19.2 NAME		
STREET ADDRESS	19.3 STREET ADDRESS		
CITY - ST - ZIP	19.4 CITY - ST - ZIP		
TITLE	20.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20.2 NAME		
STREET ADDRESS	20.3 STREET ADDRESS		
CITY - ST - ZIP	20.4 CITY - ST - ZIP		

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/1997 (954)389-4642

Date \_\_\_\_\_

Daytime Phone #

0260016

CR2E034 (9/96)