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

FILED Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ganarie a Mohapidas ai Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # VH*M INC Principal Place of Business #801-B N. W 38th Ave Malling Address It Lauderdale 7L 33311 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 🚈 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Country Źφ Country Zip 29 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 8621 N.W 52rd COURT Street Address (P.O. Box Number is Not Acceptable) LoudeRhill Th 33351 **B3** 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 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, typed or printed name of provision agent and life I applicable. [NOTE: Registered Agent algoritum required when renatating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change PRESIDENT 1 1 TITLE TITLE HELGNE VAKNIN NAME 1.2 NAME CR2E034 8621 N.W 52 M. COURT 1.3 STREET ADDRESS STREET ADORESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change ☐ Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY+ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Addition TITLE 3.2 NAME NAME 3.9 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE OF SIVING NUME (A. P. 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ... Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE -Ō4/13/98--01099--018 NAME 6.2 NAME ***150.00 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

HELENE VAKNIN

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address.

CITY-ST-71P

SIGNATURE: