

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1-2

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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FILED

97 SEP 22 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000085321 (3)

1. Corporation Name  
VATTICAN CLOTHING CORP.



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| Principal Place of Business<br>9431 FONTAINEBLEAU BOULEVARD, SUITE 204<br>MIAMI FL 33172 | Mailing Address<br>9431 FONTAINEBLEAU BOULEVARD, SUITE 204<br>MIAMI FL 33172 |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |   |  |   |
|---|---|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 P.O. Box 52-6464<br>27 Suite, Apt. #, etc.<br>28 City & State<br>29 MIAMI, FLORIDA<br>30 Zip<br>31 33152-6464<br>32 Country<br>33 USA | 3. Date Incorporated or Qualified<br>10/15/1996<br>3a. Date of Last Report<br>4. FEI Number<br>5. Certificate of Status Desired<br>6. Election Campaign Financing<br>Trust Fund Contribution<br>8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable<br>\$8.75 Additional<br>Fee Required<br>\$5.00 May Be<br>Added to Fees<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
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|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br>AMERILAWYER CHARTERED<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 City<br>84 MIAMI<br>85 Zip Code<br>FL 33172 |
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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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |   |   |                       |
|----------------------------|---|---|-----------------------|
| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
| TITLE                      | NAME                                    | 1.1 TITLE   | 1.2 NAME              |
| STREET ADDRESS             | 9431 FONTAINEBLEAU BOULEVARD, SUITE 204 | 1.3 STREET ADDRESS                                    | 000002301520--9       |
| CITY-ST-ZIP                | MIAMI FL 33172                          | 1.4 CITY-ST-ZIP                                       | -09/23/97--01100--010 |
| TITLE                      | NAME                                    | 2.1 TITLE   | 2.2 NAME              |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    | ****165.00 ****165.00 |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | NAME                                    | 3.1 TITLE   | 3.2 NAME              |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | NAME                                    | 4.1 TITLE   | 4.2 NAME              |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | NAME                                    | 5.1 TITLE   | 5.2 NAME              |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | NAME                                    | 6.1 TITLE   | 6.2 NAME              |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 6.4 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.

CR2E034 (4/97)