


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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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


DOCUMENT # P96000089963 (8)
 1. Corporation Name
VAGO III, INC.



Principal Place of Business: **XXXX UNIVERSITY DRIVE XXXX CORAL SPRINGS FL 33071**
 Mailing Address: **XXXX UNIVERSITY DRIVE XXXX CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified: **11/01/1996**
 3a. Date of Last Report: []
 4. FEI Number: [] Applied For [] Not Applicable
 5. Certificate of Status Desired: [] **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: [] **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: 21 **5600 S.W. 135th Avenue**
 Suite, Apt. #, etc.: 22 **Suite 114**
 City & State: 23 **Miami, FL**
 Zip: 24 **33165** Country: 25 **U.S.A.**
 2a. Mailing Address: 26 **5600 S.W. 135th Avenue**
 Suite, Apt. #, etc.: 27 **Suite 114**
 City & State: 28 **Miami, FL**
 Zip: 29 **33165** Country: 30 **U.S.A.**

9. Name and Address of Current Registered Agent


10. Name and Address of New Registered Agent
 81 Name: **B & C Corporate Services, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable): **201 S. Biscayne Boulevard**
 83 **Suite 3000**
 84 City: **Miami** State: **FL** Zip Code: **33131**

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: *Sandra C. Frazier* **Linda C. Frazier, President** **2/4/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Fee is required when transferring.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPSON, SAUL B	
STREET ADDRESS	1515 UNIVERSITY DRIVE #222	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Rafael Mendoza	
13 STREET ADDRESS	5600 S.W. 135th Avenue, Ste. 114	
14 CITY-ST-ZIP	Miami, Florida 33165	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jose Diaz	
23 STREET ADDRESS	5600 S.W. 135th Avenue, Ste. 114	
24 CITY-ST-ZIP	Miami, Florida 33165	
31 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Eduardo Naranjo	
33 STREET ADDRESS	5600 S.W. 135th Avenue, Ste. 114	
34 CITY-ST-ZIP	Miami, Florida 33165	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	500002143035	
63 STREET ADDRESS	-04/15/97--01003--032	
64 CITY-ST-ZIP	***165.00	

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: *Rafael Mendoza* **Rafael Mendoza** **3/13/97** **(305) 386-9681**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (9/96)