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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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	5600 S.W. 135th Avenue	28	5600 S.W. 135th Avenue	11/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite 114		27 Suite 114		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Miami, FL		28 Miami, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	Zip	Country		
24 33165	25 U.S.A.	29 33165	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	FL	85 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: Linda 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	LIPSON, SAUL B	1.2 NAME	Rafael Mendoza
STREET ADDRESS	1515 UNIVERSITY DRIVE #222	1.3 STREET ADDRESS	5600 S.W. 135th Avenue, Ste. 114
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	Miami, Florida 33165
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	Jose Diaz
STREET ADDRESS		2.3 STREET ADDRESS	5600 S.W. 135th Avenue, Ste. 114
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Florida 33165
TITLE		3.1 TITLE	S/T
NAME		3.2 NAME	Eduardo Naranjo
STREET ADDRESS		3.3 STREET ADDRESS	5600 S.W. 135th Avenue, Ste. 114
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33165
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	500002143035
NAME		6.2 NAME	-04/15/97--01003--032
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
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.

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

CR2E034 (9/96)