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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90005 017 ***150.00

DOCUMENT 1. Corporation Name	#	P96000104348
Corboration (anno		

VENI VIDI VICI, INC.

Principal Place of Business

Mailing Address

|--|--|

1249 WASHINGTON AVENUE MIAMI BEACH FL 33139		1249 Washington Avenue Miami Beach Fl 33139				DO NOT WRITE IN THIS SPACE				
					-	3.	Date Incorporated or Qualifed 12/31/1996			
2. F	Principal Place of Business	2a. Mailing Address			· 	4.	FEI Number	1	Applied For	
21 .	· _ ·	26				١.	65-0740127	· [Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired			75 Additional e Required	
23	City & State	City & State							.00 May Be ded to Fees	
Z 24	ip Country 25	Zip 29	(30)	intry		8.	This corporation owes the current year In Personal Property Tax.	ntangible	□No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	RUBINCHIK, HARVEY L			81					<u></u>	
1776 N. PINE ISLAND RD.			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	SUITE 118 PLANTATION FL 33322			83						
	, , , , , , , , , , , , , , , , , , ,			84	City		FI	L 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 ☐ DELETE 1.1 TITLE Change ☐ Addition TITLE NAME RUBINCHIK, HARVEY L ESQ. 1.2 NAME STREET ADDRESS 1776 N. PINE ISLAND RD., SUITE 118 1.3 STREET ADDRESS PLANTATION FL 33322 1.4 CITY-ST-ZIP CITY-ST-ZIP TILLE □ DELETE 2.1 TITLE ☐ Change ☐ Addition BAGDADI, RAFAEL 22 NAME NAME 1249 WASHINGTON AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI/FL-33139... CITY-ST-ZIP -2.4 CITY-ST-ZIP Addition □ DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE . Change TITLE 5.1 TTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP , +

14. I 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)