SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000022514

VSD, INC.

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90014 023 ***150.00



Principal Place of Business Mailing Address											f 1005/1207 bio (015) (40)(04)() 60)() 05)(11 11 11 11 11 11 11 11 11 11 11 11 11			(† 6 184 1 9	E!	
17624 COLLINS AVENUE MIAMI BEACH FL 33160				17624 COLLINS AVENUE MIAMI BEACH FL 33160							DO NOT WRITE IN	I THIS S	PACE				
									ļ	3. Date Incorporated or Qualified							
											03/12/1997						
2. Principal Place of Business				2a. Mailing Address						4. FEI Number Applied					ed For		
21				26						ļ!	<u>65-0737564</u>				Applica		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required							
City & State			28	28													
Zip	Country			Zip			Country			8. This corporation owes the current year					Ì		
24	25			29 3			<u> </u>			Intangible Personal Property. Lyes \ No							
	9. Name	and Address of Currer	10.	Name and Address of New Regis	terea A	gent			\dashv								
FISC	HER. REBE	CCA H ESQ					81		ame 								
4651 SHERIDAN STREET							82	2 St	treet Addres	ss (P.O. Box Number is Not Acceptable)							
SUITE 325							83	3									
HOLLYWOOD FL 33021							84	l Ci	ity		85 Zip			Zip Co	Code		
								1	-			FL	LL.				
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 require			DATE					
40	Signature, typed	or printed name of registered age OFFICERS AN		ADDITIONS/CHANGES TO OFFICE		DIRE	CTOR	S IN 12	2 00/5								
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14. I hereby o	entity that the	intormation supplied with it report or supplemental	ı tnıs fil annua	ing does I report is	not quality for t s true and accu	irie exe: Irate an	mptios d thai	nı sta it mv	ned in sections signature s	on 11 shall l	19.07(3)(i), Florida Statutes. I further have the same legal effect as if mad	le under	oath;	that I a	m		

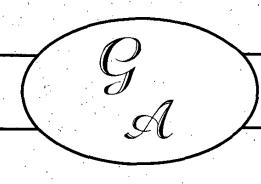
an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

7-7-79 (305) 936 1008

Grey &

580 North Main Street Wilkes-Barre, PA 18702 (717) 822-2155 FAX (717) 822-2335



Associates

Accounting
Bookkeeping
Tax Services
Business Consulting

Enrolled To Practice Before IRS

Division of Corps. Annual Reports Filings PO Box 1500 Tallahassee, Fla. 32302-1500

To whom it may concern,

Enclosed please find the 1999 annual report and check for \$ 150.00. As explained during a phone conversation with an agent from the State Dept of Florida, we never received the first notice. The lady I spoke to said to explain that in a letter attached to the "second notice". Please forgive the \$550.00 fee in lieu of the \$150.00 enclosed. Thank you in advance for your consideration.

Very Truly Yours,

Vincenzo D'Apollonio