

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90254 010 \*\*\*150.00

DOCUMENT # P97000030498

1. Corporation Name  
VANGUARD TECHNOLOGIES, INC.

Principal Place of Business  
8405 NW 53RD ST., STE. A-100  
MIAMI FL 33166

Mailing Address  
8405 NW 53RD ST., STE. A-100  
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8405 NW 53RD STREET	26 8405 NW 53RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE C-105	27 SUITE C-105
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip	Zip
24 33166	29 33166
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified
04/03/1997
4. FEI Number
65-0745521
Applied For
Not Applicable
5. Certificate of Status Desired
<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOROS, CARLOS 8405 NW 53RD STREET SUITE A-100 MIAMI FL 33166	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MOROS, CARLOS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOROS, CARLOS	1.2 NAME	
STREET ADDRESS	8405 NW 53RD ST., STE. A-100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	D GUTIERREZ, ELIECER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, ELIECER	2.2 NAME	
STREET ADDRESS	B-405 NW 53RD STREET, SUITE A-100	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	2.4 CITY-ST-ZIP	
TITLE	D OSWALDO, LALEE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALDO, LALEE	3.2 NAME	
STREET ADDRESS	B-405 NW 53RD STREET, SUITE A-100	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	
TITLE	D MONROY, NELSON <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROY, NELSON	4.2 NAME	
STREET ADDRESS	B-405 NW 53RD STREET, SUITE A-100	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Carlos Moros*

CARLOS MOROS

07/20/99

(35) 640-0637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0242367