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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031576 (6)

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VGA C	OR P ORAT	NON									
Principal Plac	on of Rusinos			Mailing Address					{		
,											
5850 ALTON ROAD 5850 ALTON ROAD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140											
									DO NOT WRITE IN THIS	S SPACE	
									3. Date Incorporated or Qualified 04/07/1997		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 771309		Applied For
21				Suite, Apt #, etc.				05-0111301		Not Applicable	
Suite, Apt. #, etc.				27				5. Certificate of Status Desired		Additional Regulred	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23				28				Trust Fund Contribution Added to Fees			
Zip	Country			¬ ' —		Country			8. This corporation owes or has paid the current year Intangible		
24	[25] 9. Name and Address of Current			lateral Agent	30				Personal Property Tax due June 30.		L] No
101	ESIAS, VY	•	curem neg	Isteled Want		61	Name		10. Name and Address of New Registere	ı Ağent	
						82					
5850 ALTON ROAD Miami Beach FL 33140							Street #	\ddres	ss (P.O. Box Number is Not Acceptable)		•
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İ						84	City			85 Zir	o Code
						<u> </u>	_		F	┗╽╽	
office or r	to t ne brevis regi ste red ac	ilons of Sections 6 gent, or both, in th	บร.เซอิ2 and e Stale of Ho	ida, Such change wa:	tutes, the a s authoriza	above ed by	o-named y the corp	corpo oratio	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing opointment a	its registered is registered
1	im) tam illar w	ith and accept the	e obligations	of, Section 607.0505, I	Florida Sta	atutes	S.				
SIGNATURE	Signature types	d or printed hacro of rege	See Lagout and R	Nedapprate (N	CH Register	nd Age	ent signature	required	when reinstating) DATE		
12.	8850	OFFICE	HS AND DIR	the state of the second st	13				ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSTO	C ADUMAN		☐ DELETE		TITLE	1			Change	Addition
NAME		IS, VYVIAN LTON ROAD				NAME	4000100				
STREET ADDRESS		BEACH FL 33140	`				ADDRESS				
CITY-ST-ZIP	VP	LACTITE 33140		DELETE		CITY-S TITLE	51-ZIP			Change	Addition
NAME	IGLESIAS, VYVIAN					2.2 NAME				vg.	
STREET ADDRESS		TON ROAD			2.3	STREET	ADDRESS				
CITY-ST-ZIP		BEACH FL 33140)			CITY-5	- 1				
TITLE				DELETE	31	TITLE				Change	Addition
NAME					3.21	NAME	ļ				
STREET ADORESS					3.3	STREET	ADDRESS				
CITY-ST-ZIP					3.4.	CITY-S	ST-ZIP				
TITLE				L DELETE		TITLE	ŀ			L Change	☐ Addition
NAME					1	NAME					
STREET ADDRESS					•		ADDRESS				
CITY-ST-ZIP				DELETE		CITY-S	ST-ZIP		•	☐ Change	Addition
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NAME Street address						NAME OTOFFT	+D00000				
					•		ADDRESS				
CITY-ST-ZIP TITLE		···		DELETE		CITY-S TITLE	01 · ZIP			Change	Addition
NAME				pand state to		NAME					
STREET ADDRESS							ADDRESS				
STREET ABOUT 00					0.3 (~ · · · · · · · ·	············				

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 suppliencetal 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 attachingut with an address

FILED

Jun 04 1998 8:00am

Secretary of State