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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000043779 (2)

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VANNATALIE, INC.

Principal Place of Business Mailing Address

Country

9, Name and Address of Current Registered Agent

25

RICHETTI, MARITZA 11060 SW 57 TERRACE

MIAMI FL 33173

11000 SW 57 TERRACE MIAMI FL 33173

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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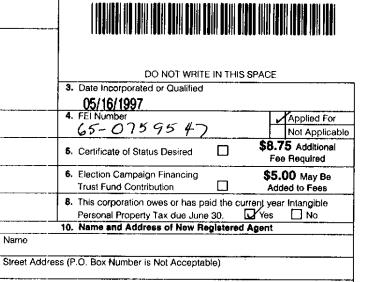
11060 SW 57 TERRACE MIAMI FL 33173

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 11 1998 8:00am Secretary of State



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. 4-29-98 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME RICHETTI, MARTIZA 1.2 NAME 11060 SW 57 TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition FERNANDEZ, BENNY NAME 2.2 NAME 11060 SW 57 TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME **BRONZATTI, MARCELO** 3.2 NAME 12785 NW 102 CT STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33016 CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TITLE ___ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE ☐ Addition 61 TITLE NAME 6.2 NAME

Country

61

82

83 84 City

Name

30

14. Thereby 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 of on an attachment with an address

63 STREET ADDRESS

d 20 90

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP