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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000051344**

1. Corporation Name
VANDEN CORPORATION

Principal Place of Business	Mailing Address
% ROTH. MILNE & ROUSSO 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156	% ROTH. MILNE & ROUSSO 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5408 Palm Ave	2a. Mailing Address 26 5408 Palm Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah FL	City & State 28 Hialeah. FL
Zip / Country 24 FL 33012 25 USA	Zip / Country 29 33012 30 USA

3. Date Incorporated or Qualifed: 06/10/1997

4. FEI Number: 65-0761052 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROTH, LEONARDO A 9350 S. DIXIE HWY, PH 2 MIAMI FL 33156	81 Name: Arenovich Daniel 82 Street Address (P.O. Box Number is Not Acceptable): 5408 Palm Ave. 83 84 City: Hialeah. FL 85 Zip Code: 33012

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: X Daniel Arenovich DATE: 2-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ARENOVICH, DANIEL 9350 S. DIXIE HWY, PENTHOUSE 2 MIAMI FL 33156 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 303 NE 211 Terr N. Miami Beach FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS ARENOVICH, ADRIANA 9350 S. DIXIE HWY, PENTHOUSE 2 MIAMI FL 33156 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 303 NE 211 Terr N. Miami Beach FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: [signature] 2/9/99 305-558-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #