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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095891 (2)

VERRUNO, INC.

FILED Mar 11 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		a indiredt tim saltt habit dolli ablit dattt ballt in	
7316 NORTHWEST 57TH COURT TAMARAC FL 33321		7316 NORTHWEST 57TH	COURT		
TAMARAG FL	33321	TAMARAC FL 33321		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				11/10/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suito Apl	# ata	26 Suite, Apt. #, etc.		65-0794189	Not Applicable
Suite, Apt #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z10	Country	8. This corporation owes or has paid the co	
24	25		30		Yes No
		Current Registered Agent	61 Name	10. Name and Address of New Registered	Agent
	ERILAWYER		of Name		
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
Lu	RAL GADLES PL 33134		83		
:			84 City	Fi	85 Zip Code
11 Pursuant	to the provisions of Sections f	307 0502 and 607 1508 Florida Statute	es the above-named cor	poration submits this statement for the purpose	
office or r	egistered agent, or both, in th m familiar with, and accept th	in State of Florida. Such change was a le obligations of Section 607.0505. Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the ap	ppointment as registered
		Completion of Comment Cort. Sodo, File			
SIGNATURE	Signature, typical or printed name of regi-	stored agent and title d appropable. (NOTE	E. Registered Agent signature requ	uired when reinstating) DATE	
SIGNATURE	Signature, typica or printed name of regr OFFICE	dured agent and titled approach. (NOTE RS AND DIRECTORS	E. Registered Agent signature requ		ND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typical or printed mane of region OFFICE	stored agent and title d appropable. (NOTE	E. Registered Agent signature required 13.	uired when reinstating) DATE	ND DIRECTORS IN 12
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officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, with an altachment with my address

SIGNATURE:

lonino