## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2002 8:00 am Secretary of State

1. Entity Nar	DOCUMENT # P98000015036 1. Entity Name VECTOP CONPONATION				1	05-15-2002 90065 018 ***150.00	
2. Principal f	Place of Business		IN THIS S	SPAC	<b>E</b>	ט ט ד ט ט ט	
Suite, Apt.	GUAVA . #, etc.	AVENUC	Same Suite, Apt. #, etc.			DO NOT WRITE IN THIS SI	PACE
	COANCE FI	<i>I</i> ,	City & State			4. FEI Number 59-3498512	Applied For Not Applicable
<sup>Zip</sup> 32	935 B	ountry LEVANS	Zip	Count		G. Certificate of Status Desired	8.75 Additional ee Required
						7. Name and Address of Current Registered	Agent
DO NOT WRITE					VICTON KOSTNO ATTA		
						P.O. Box Number is Not Acceptable)	
10.00	.u.;.IN:j	THIS SP	ACE		1000 3 1	TIVE COILE DR.	
10100		arine in Eq.		8	City		Tra Carda
			1995		Melbou	FL.	Zip Code
8. The above	named entity sub-	nits this statement for	the purpose of changing	its registere	d office or register	ed agent, or both, in the State of Florida.	
SIGNATURE .	Supalue, typed or produ	ed name of registered agent or	nd life if atable obje	ICITE Bevirderen	Agent signature required	when regulating) DATE	
			- Constitution of the cons		ada \$150.00	with the state of	
lax filing r	pration is eligible to requirement and el ria on back)	satisfy its Intangible ects to do so.	After M Amen Make Chock Pay	av 1 Fee l	\$550-00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Bo Added to Fees
11.	Do assed as T	OFFICERS AND E				energia. Senergia de la composição	ACCEPT WHEN THE
TITLE	GLENN BR	YAN		<b>JITILE</b>	-58		
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STREET ADDRESS CITY ST - ZIP				20 April 10	ACCRESS .	us transfer in the Alfali	es decrees describ
1	ortify that the infer-	nation conclined with a	bir filing does and not be	CTYA	elimination of the second of		
indicated	on this report or su	nacion supplico with the	ms ming does not qualify the and accurate and tha	iui itie exem	puon stated in Sec	tion 119.07(3)(i), Florida Statutes. I further certify	rnat the information

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADK: L28 2002 (321-) 749-4293