


FILED
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Secretary of State

03-02-1999 90190 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000036718 1. Corporation Name VERA INTERNATIONAL, INC.			
Principal Place of Business 16609 W. COURSE DR. TAMPA FL 33624		Mailing Address 16609 W. COURSE DR. TAMPA FL 33624	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 4860 W. Gandy Suite, Apt. #, etc. 22 TAMPA, FL City & State 23 33611 USA Zip Country		2a. Mailing Address 26 470 3rd St S #803 Suite, Apt. #, etc. 27 ST. PETERSBURG, FL City & State 28 33701 USA Zip Country	
3. Date Incorporated or Qualified 04/21/1998		4. FEI Number 59-351-3178	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARAPI, PRANVERA 16609 W. COURSE DR. TAMPA FL 33624		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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. SIGNATURE <i>Pranvera Arapi</i> DATE 01-20-99			
12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)			
1.1 TITLE PVST <input checked="" type="checkbox"/> DELETE 1.2 NAME ARAPI, PRANVERA 1.3 STREET ADDRESS 16609 W. COURSE DR. 1.4 CITY-ST-ZIP TAMPA FL 33624		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE PVST <input type="checkbox"/> DELETE 2.2 NAME ARAPI, PRANVERA 2.3 STREET ADDRESS 470 3rd St South #803 2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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:

PRANVERA ARAPI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-99 (727) 896-2035
 Date Daytime Phone

CR2E034 (1/98)