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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000076915

1. Corporation Name

VIP INTERNATIONAL ENTERPRISES, INC.

Principal	Place	of	Business

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90195 008 ***150.00



Principal Place	of Business	Mailing Address						
7447 NORTH WEST 57TH STREET		7447 NORTH WEST 57TH STREET						
TAMARAC FL 3	3319	TAMARAC FL 33319			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/04/1998			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For			
	ace of Business	26			APPLIED FOR Not Applicable			
Suite, Apt.	# etc	Suite, Apt. #, etc.	_		\$8.75 Additional			
22	, 0.0.	27			5. Certificate of Status Desired Fee Required			
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax. Yes Yo			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
			81	Name	me			
	ER, CARL S		82	Street	reet Address (P.O. Box Number is Not Acceptable)			
	NORTH WEST 57TH STREET ARAC FL 33319		_					
I AWI	ANAC FL 33319		83	}				
			84	City	y FI 85 Zip Code			
		and CO7 4500 Florido Statutas t	ha shaw		med corporation submits this statement for the purpose of changing its registered			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autho	rized by	the corp	corporation's board of directors. I hereby accept the appointment as registered			
SIGNATURE								
O O O O O O O O O O O O O O O O O O O	Signature, typed or printed name of registered agent			t signature	ature required when reinstating) DATE DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D CUPERING A CTURN C		1.1 TITLE					
NAME	SUPERVILLE, LOTHIAN C		1.2 NAME					
STREET ADDRESS	8301 NORTH WEST 54 COURT	l.		FADDRESS	RESS			
CITY-ST-ZIP	LAUDERHILL FL 33351		1.4 CITY-S	T-ZIP	☐ Change ☐ Addition			
TITLE	D OUDSDUILS OF SU		2.1 TITLE					
NAME	SUPERVILLE, GLEN		2.2 NAME					
\$TREET ADDRESS	135 SIERRA DRIVE			TADDRESS	RESS			
CITY-ST-ZIP	MIAMI FL 33179		2 4 CITY-5	T-ZIP	☐ Change ☐ Addition			
TITLE		· ·	3.1 TITLE		Change Drawing			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE		RESS			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP	☐ Change ☐ Addition			
TITLE		☐ DELETE	4.1 TITLE		Citalige C Addition			
NAME		1	4.2 NAME					
STREET ADDRESS				TADORESS	RESS			
CITY-ST-ZIP		- Incless	44 CITY-S	T-ZIP	☐ Change ☐ Addition			
TITLE			5.1 TITLE		Claude T vocinou			
NAME			5.2 NAME		7500			
STREET ADDRESS		\	5.3 STREE		1ESS			
CITY-ST-ZIP		Closus se	5.4 CITY-S	I-ZIP	Change Addition			
TITLE		C 500010	6.1 TITLE		☐ Cusude ☐ vaginou			
NAME		1	6.2 NAME					

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 apartel 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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #