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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1. Corporation		30 (0)			
CANTV	VAY PRODUCTS, INC.			 	
Principal Place	e of Business	Mailing Address			BBIL BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL B
3860 N. FED DELRAY BEA	ERAL HWY, ICH FL 33483	3880 N. FEDERAL HW DELRAY BEACH FL 33			
				3. Date Incorporated or Qualified 09/28/1990	3a. Date of Last Report 01/27/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo
1		26		65-0215533	Not Applic
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be
Zip	Country	Zιp	Country	8. This corporation has liability for in	ntangible tax under s 199.032,
4	25 9. Name and Address of Curr	29 ent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Re	
		on nogotorea rigoti	81 Name	TO. Rame and Address of New A	agistered Agent
	AY, ROBERT		82 Street Add	dress (P.O. Box Number is Not Acceptabl	(e)
	FEDERAL HWY. BEACH FL 33483		83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508 Florida Statut	tos, the above parcel core	oration submits this statement for the purp	FL 10 25 3000
or register	red agent, or both, in the State of Flo th, and accept the obligations of, Se	onda. Such change was authoriz	zeo by the corporation's bo	ard of directors. I hereby accept the appo	pintment as registered agent. I a
DICAIATI IDE					
	Signature: typed or printed name of registered agr	ent and little if applicable (NC	OTE: Registered Agent signature requi	ien whon renstating	DATE
2.	OFFICERS A	ND DIRECTORS		red what redstating ADDITIONS/CHANGES TO OFFIC	
IZ.	OFFICERS A		DTE: Registered Agent signature received 13. 1.1 TITLE		
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certify that I am an officer or director of the corporation of supplemental attributes true and accurate and triat my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of the receiver provises empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if charged, or ou an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECT

KUCANT WAY