## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

V21685 **DOCUMENT #** 

(5)

VIRDI, INC.

Principa! Place of Business

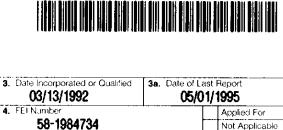
Mailing Address

2a. Mailing Address

7411 MIAMI LAKES DR. MIAMI LAKES FL 33014

2. Principal Place of Business

7411 MIAMI LAKES DR. MIAMI LAKES FL 33014



21		26		58-1984734	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required	
City & State 23		City & State		<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip         Country           29         30		8. This corporation has liability for intangule the Florida Statutes Yes You	ax under s 199.032,	
Name and Address of Current Registered Agent				<ol> <li>Name and Address of New Registered</li> </ol>	Agent	
CULLEN, JOHN T. 7411 MIAMI LAKES DR. MIAMI LAKES FL 33014				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83		
MINTAL	LANCO 1 E 00014		94 0	4	loc l Zu 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 Honda, Such change was familiar with, and accept the obligations of, Section 607.0505, Florida.		assessive appointment as registered agent. Fai
Signature Typed or protecting cool regeneral against a later of applicación	(NOTE: Registered Agest signestate required wherereinstating)	DÁŤE

12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	FONDA, DANTE		1.2 NAME	
STREET ADDRESS	1602 ALTON RD STE 73		1.3 STHEFT ADDRESS	
CITY-ST-ZIP	Miami Fl		1.4 CIBY - S1 - ZIP	
TITLE	VD .	DECETE	2 1 TIFLE	☐ Change ☐ Addition
NAME	CULLEN, JOHN T		2.2 NAME	
STREET ADDRESS	405 ALEXANDER CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33322		240HY-ST-ZP	
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4 C-TY - ST - ZIP	
titi€		Delete	4 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CifY - ST - ZIP	
THILE		DELETE	5 1 T.1LE	Cnange Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CI1Y - ST - ZIP	
TIFLE		DELETE	6 1 T TLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-S7-ZIP			6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), 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 releven or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or appears in Block 12 or Block 13,

SIGNATURE:

3,5138-245/

CR2E034 (12/95)