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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V69508

(2)

VIX INC.

Principal Place

FILED
May 09 1997 8:00am
Secretary of State

of Business	Mailing Address	
ST	2020 NE 163RD ST SUITE 101	
FACH FL 33162	NORTH MIAMI REACH FL 33162-4927	•

2020 NE 163RD ST SUITE 101 NORTH MIAMI BEACH FL 33162		2020 NE 163RD ST SUITE 101 NORTH MIAMI BEACH FL 33162-4927									
					3.	Date Incorporated or Qualified 10/08/1992		ate of Last Report			
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number	1		plied For
21			26				65-0360816			t Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	
22			27			5.	Certificate of Status Desired	L_J	Fee Re	periup	
City & State			City & State				6.	Election Campaign Financing		\$5.00	May Bo
23			28				Trust Fund Contribution		Added t	o Fees	
Zip		<i>7</i> ip	Zip Country			8.	This corporation has liability for	intangible ta	ax under s.	. 199.032,	
25 29 29 29 Name and Address of Current Registered Ag				[30]					Yes 🖺		
	<del></del>	<del></del>	Registered Agent		81	l None	10.	Name and Address of New R	egistered A	gent	
	(ENWALD, RIC				01	Name		•			
2020 NE 163RD ST SUITE 101					82	Street Ad	ddress (P	P.O. Box Number is Not Accepta	ible)		
NORTH MIAMI BEACH FL 33162					83						
					84	City		W. V. V	.,	85 Zip (	Code
						'			FL		
11. Pursuant t	to the provisions	of Sections 607.0502	and 607, 1508, Florid	la Statutes, th	e above	e-named e	orporation	n submits this statement for the board of directors. I hereby aco	purpose of c	changing it	s registered
agent. I ar	m familiar with, a	nd accept the obligat	ions of, Section 607.0	0505, Florida	Statutos	s /	ARTHOLIS I.	board of difectors. Thereby acon	spi tile appo	minicin es	registered
SIGNATURE											
<del></del>	Signature, typed or pri	nted name of registered agen				ent signature re		Annual Management of the Parker and the Annual Property of the State o	DATE	NIDEOTOR	
12.	PTSD	OFFICERS AND	DIRECTORS		13. 1.1 TOLE	T	<i>*</i>	ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	LAMBERT, M	ARC:	L 170		1.2 NAME				•		
STREET ADDRESS 2020 N.E. 163RD STREET, SUITE 101			TF 101		1.3 STREET ADDRESS						
CITY-ST-ZIP N. MIAMI BCH. FL.					1.4 CiTY-\$1-ZiP						
TITLE	VII VIII UII 00	····	DE DE		2.1 11TLE	1. • "			Ţ	Change	Addition
NAME			·		2.2 NAME						
STREET ADDRESS						2.3 STREET ADDRESS					
CITY-ST-ZIP			2.40			S1 - 7iP					
TITLE			☐ DE	LETE 3	3 1 1/1LE			The state of the s	[	Change	Addition
NAME				3	3.2 NAME						
STREET ADDRESS				3	3 3 STHEET	ADDRESS					
CITY-ST-ZIP			····		3.4. CITY-	S1 - 71F					
TITLE			∐ ·DE		4.1 TITLE				Į.	Change	Addition
NAME				4	1. 2 NAML						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	·	<del></del> ,			4.4 CITY - S	61 - ZIP			т	Channe	
TITLE			∐ DE		5 1 1174.6				L	Change	Addition
NAME					5.2 NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			☐ DE		5 4 CITY - 9 6.1 TITLE	51-7IP			·····	Change	Addition
1			i pi		6.2 NAME	1			L	- Augugo	Fruit radilities
NAME CTOSET ADDRESS	₹ <sup>*</sup>					I VIUUDE CC					
STREET ADDRESS					6.3 STREET ADDRESS 6.4 CITY - ST - ZIP						
CITY-ST-ZIP	L			الله المستانية	o 4 CHY-S	21-70° J					

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 review 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 attacharget with an address.

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