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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V69508

1. Corporation Name

VIX INC.

Principal Place of Business	Mailing Address
7800 W. OAKLAND PARK BLVD BLDG. "G" SUNRISE, FL. 33351 **ATTN: REJEAN LAPIERRE**	7800 W. OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FL 33351 **ATTN: REJEAN LAPIERRE**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/92

2. Principal Place of Business	2a. Mailing Address
21 7800 W. OAKLAND PARK BLVD.	26 7800 W. OAKLAND PARK BLVD.
Suite, Apt. #, etc. 22 BLDG. "G"	Suite, Apt. #, etc. 27 BLDG. "G"
City & State 23 SUNRISE, FLORIDA	City & State 28 SUNRISE, FLORIDA
Zip: 24 33351 Country: 25 USA	Zip: 29 33351 Country: 30 USA

4. FEI Number: 65-0360816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHARD PAUL BERKENWALD 2020 N.E. 163rd STREET NORTH MIAMI BEACH, FL. 33162	81 Name: REJEAN LAPIERRE INC. 82 Street Address (P.O. Box Number is Not Acceptable): 7800 W. OAKLAND PARK BLVD. 83 BLDG. "G" 84 City: SUNRISE FL 85 Zip Code: 33351

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAMBERT, MARC	1.2 NAME	
STREET ADDRESS	7800 W. OAKLAND PARK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLDG. "G" SUNRISE, FL. 33351	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	400002450014
STREET ADDRESS		6.3 STREET ADDRESS	-03/09/98--01011--024
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

DE 3.6

CR2E034 (10/97)

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.

SIGNATURE: _____ MARC LAMBERT 2-28-98 954-7488802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #