

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

**APPROVED  
AND  
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1997 OCT 20 AM 11: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 856565 (7)**

1. Corporation Name  
**VANDERHANDS CORPORATION**



Principal Place of Business Mailing Address

**% W. J. VAUGHN**  
**2007-9 SOUTH MELBOURNE COURT**  
**MELBOURNE FL 32901**

**% W. J. VAUGHN**  
**2007-9 SOUTH MELBOURNE COURT**  
**MELBOURNE FL 32901**

3. Date Incorporated or Qualified **05/26/1983** 3a. Date of Last Report **04/30/1996**

4. FEI Number **98-0063203** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. **Calle Sorocaïma** 26. **100 S.E. 2nd Street, 31 fl.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22. **Qta. Landa, El Rosal** 27. **Attn: Ana M de Alba**

City & State City & State

23. **Caracas 1010A** 28. **Miami FL**

Zip Country Zip Country

24. **Venezuela** 29. **33131** 30.

9. Name and Address of Current Registered Agent

**VAUGHN, W. J.**  
**2007-9 S. MELBOURNE COURT**  
**MELBOURNE FL 32901**

81 Name **Alhambra Registered Agents, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2 Alhambra Plaza, Suite 1202**

83

84 City **Coral Gables** FL 85 Zip Code **33134**

10. Name and Address of New Registered Agent

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 *Juan J. Karp*, **President** 10/15/97

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COSTILLERO, CECILIO A.</b>	
STREET ADDRESS	<b>BANK OF AMERICA BLDG.</b>	
CITY-ST-ZIP	<b>PANAMA, R.P.</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GALINDO, GABRIEL A.</b>	
STREET ADDRESS	<b>BANK OF AMERICA BLDG.</b>	
CITY-ST-ZIP	<b>PANAMA, R.P.</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DURLING, ROY CARLOS</b>	
STREET ADDRESS	<b>BANK OF AMERICA BLDG.</b>	
CITY-ST-ZIP	<b>PANAMA, R.P.</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KAUFMAN, EPHRAIM</b>	
STREET ADDRESS	<b>CALLE SOROCAIMA</b>	
CITY-ST-ZIP	<b>CARACAS, VENEZUELA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*\*550.00 \*\*\*\*550.00

*Juan J. Karp* 10/15/97

14. 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. 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: *Juan J. Karp* 10/16/97

CR2E034 (9/96)