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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90144 009 ***150.00

DOCUMENT #	DOE000004	70
DOCOMENT #	P950000291	/U

1. Corporation Name

VISUAL	KNOWLEDGE, INC.				ļ		
							AL H a lk en il 1 56)
Principal Place	e of Business	Mailing Address			(1881/1881 119 18581 81/11 DECH 881	(† 20 15) 00510 16010 10501 160	11 (30)(40); (80)
7205 N.W. 19 S	эт.	7205 N.W. 19 ST					
205	•••	205					
MIAMI FL 33126	5	MIAMI FL 33126				E IN THIS SPACE	
US		US			3. Date Incorporated or Qualifed		
					04/13/1995	·	
	lace of Business	2a. Mailing Address			4. FEI Number	⊢	Applied For
21		26			65-0579448	 	Not Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	7	Required
22 City & State		City & State			a Florina Compiler Financia		·
City & Stat	e	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the curre		101663
<u></u>	25	29	30		Personal Property Tax.	L Yes	□No
24	9. Name and Address of Currer		100		10. Name and Address of New R		
	J. Hallis and Hallis and Hallis		81	Name			
PARI	lade, alberto j					L1-\	
3850	S.W. 87TH AVENUE		82	Street	Address (P.O. Box Number is Not Acceptal	ole)	
SUIT	E 207		83				
	AI FL 33165						
			84	"		FL _	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above	e-named	corporation submits this statement for the	ourpose of changing it	s registered
office or readent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a itions of, Section 607.0505, Flo	utnonzed by rida Statutes	tne corpo	oration's board of directors. I hereby accept	, tite appointment as i	egistered
SIGNATURE							
JIGHATOKE	Signature, typed or printed name of registered age		. Registered Ager	nt signature r	equired when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT Change	
TITLE	D	☐ DELETE	1.1 TITLE			≥ Change	Addition
NAME	NUNEZ, GONZALO F		1.2 NAME		7205 N.W. 195T #205		1
STREET ADDRESS	3295 N.W. 25TH STREET		1.3 STREET ADORE		1205 N.W. (131		į
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-S	T-ZIP	MIAMI, FL 33126	Пес	Addition
TITLE	D	☐ DELETE	2.1 TITLE	į.	13.	☐ - Change	☐ Addition
NAME	DE ANGULO, JUAN F		2.2 NAME		7205 N.W. 19 ST #205		
STREET ADDRESS	3295 N.W. 25TH STREET		2.3 STREE	ADDRESS	MIAMI, FL 33126		
CITY-ST-ZIP	MIAMI FL 33142		2. 4 CITY-S	T-ZIP	MIAMIT, FL 35120	Change	Addition
TITLE		☐ DELETE	31 TITLE			☐ Change	☐ Addadoli
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			[_] Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				ADDRESS		,	
CITY-ST-ZIP		O DELETE	4.4 CITY-S	T-ZIP		☐ Change	. Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Change	L Addition
NAME				r ADDOCCC		•	
STREET ADDRESS			5.3 STREET				
C/TY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	1-ZIP		Change	Addition
TITLE		☐ DELETE	1			Change	
NAME			6.2 NAME	. ADDEECO			
STREET ADDRESS			6.3 STREET	ADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

305-436-6650