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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000057279

VISAJA CORPORATION

Principal Plac	e of Business	Mailing Addre	ess ₍			1 14511401 115 14111 41111			
719 NORTH S.		719 NORTH S.							
HOLLYWOOD F	FL 33021	HOLLYWOOD I	FL 33021			20 1107	MOTE NITO		
							WRITE IN THE	S SPACE	٠,
						3. Date Incorporated or Qua	ilited		
						07/25/1995			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	•	 	oplied For
21		26				65-0597757		 	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.			5. Certificate of Status Desire	ed 🔲		Additional
22		27	-4-					 	equired
City & Stat	e	City & Sta	iie			6. Election Campaign Finance	cing 🖂	,	May Be
Zip	Country	28 Zip		Country		Trust Fund Contribution			to Fees/
	25	29	r			8. This corporation owes the	current year Ir	ntangible	IZ No
24	25] 9. Name and Address of Cui			30		Personal Property Tax. 10. Name and Address of N	D		INO
-	9. Name and Address or Cui	rrent Registered Ager	<u>, </u>	81	Name	10. Name and Address of N	ew Registered	Agent	
ENT	FRI ANA S	The second of the second		•"	(tanic				
V(SA2310	N. 59TH AVE.	•		82	Street Add	ress (P.O. Box Number is Not Ac	ceptable)		
HOLLYWOOD FL 33021				83			er a mer i barra di am	See the see	AND THE SECOND
	21110001200021			83		\$ 10 m			
								75 77 77 77	14.72.72.11
				84	City			2ip	Code * ***
office or r	to the provisions of Sections 607, egistered agent, or both, in the St	ate of Florida. Such ch	ande was au	s, the above	e-named corp	poration submits this statement fo on's board of directors. I hereby a	r the purpose o	f changing its	registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such ch ligations of, Section 60	ange was au 07.0505, Flori	s, the above thorized by ida Statutes	e-named corp the corporation.	on's board of directors. I hereby a	r the purpose o accept the appo	f changing its	registered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with his 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 receiper or trustee appowered 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.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

.6.4 CfTY-ST-ZIP

28周年157日。

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

☐ DELETE

□ DELETE

Addition

☐ Addition

☐ Change

☐ Change

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90056 012 ***150.00

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