

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

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000086073 (0)**  
 1. Corporation Name  
**VISTA MUNDO INC.**

Principal Place of Business <b>3760 NE 15 TERRACE                  POMPANO BEACH FL 33064</b>	Mailing Address <b>P.O. BOX 51210                  LIGHTHOUSE POINT FL 33074</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3760 NE 15 Terr.</b> Suite, Apt. #, etc <b>22</b> City & State <b>23 Pompano Beach, FL</b> Zip Country <b>24 33064 25 USA</b>	2a. Mailing Address <b>26 P.O. Box</b> Suite, Apt. #, etc. <b>27 51210</b> City & State <b>28 Lighthouse Point FL.</b> Zip Country <b>29 33074 30 USA</b>
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3. Date Incorporated or Qualified <b>11/08/1995</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TAPIA, FERNANDO                  3760 NE 15 TERRACE                  POMPANO BEACH FL 33064</b>	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81</td><td>Name</td></tr> <tr><td>82</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td><td></td></tr> <tr><td>84</td><td>City</td></tr> <tr><td>85</td><td>Zip Code</td></tr> </table>	81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	85	Zip Code
81	Name										
82	Street Address (P.O. Box Number is Not Acceptable)										
83											
84	City										
85	Zip Code										

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 Fernando Tapia **FERNANDO TAPIA, TAO.** 1-8-98  
Signature typed or printed name of registered agent and filed applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P TAPIA, VICTOR 3760 NE 15 TERRACE POMPANO BEACH FL 33064</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP TAPIA, LYDIA 3760 NE 15 TERRACE POMPANO BEACH FL 33064</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T TAPIA, FERNANDO 3760 NE 15 TERRACE POMPANO BEACH FL 33064</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	

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: Fernando Tapia **FERNANDO TAPIA** 1-8-98

CP2E034 (10/97)