

20875-1-13-95 B-0025 C  
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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:07

DOCUMENT # S77297 (7)

1. Corporation Name

VISIT US, INC.

Principal Place of Business

2655 LEJEUNE RD.  
SUITE 906  
CORAL GABLES FL 33134

Mailing Address

2655 LEJEUNE RD.  
SUITE 906  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1991

3a. Date of Last Report

02/11/1994

4. FEI Number

65-0281620

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

21

Suite, Apt. #, etc.

22

SUITE 914

2b. Mailing Address

26

Suite, Apt. #, etc.

27

SUITE 914

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RAATTAMA, HENRY H., JR. ESQUIRE  
C/O MERSHON, SAWYER, JOHNSTON, ET AL  
200 S. BISCAYNE BLVD, SUITE 4500  
MIAMI 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | D                      |
| NAME           | LINARES, JOSE          |
| STREET ADDRESS | MENORCA #10            |
| CITY, ST, ZIP  | PALMA DE MALLORCA, SP  |
| TITLE          | D                      |
| NAME           | GOMEZ, JOSE A.         |
| STREET ADDRESS | 2655 LEJEUNE RD., #906 |
| CITY, ST, ZIP  | CORAL GABLES FL        |
| TITLE          | D                      |
| NAME           | MARTORELL, MARIA       |
| STREET ADDRESS | 2655 LEJEUNE RD., #906 |
| CITY, ST, ZIP  | CORAL GABLES FL        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY, ST, ZIP  |                        |
| TITLE          |                        |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | #914                                                                         |
| 2.4 CITY, ST, ZIP  |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS | #914                                                                         |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSE A. GOMEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF GRADING OFFICER OR DIRECTOR

1/09/95

305-4482122  
Telephone Number