2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004
Secretary of State

DOCUMENT# S77297

Entity Name: VISIT US, INC.

Current Principal Place of Business:

2655 LEJEUNE RD.
SUITE914
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2655 LEJEUNE RD.
SUITE914
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0281620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAATTAMA, HENRY H., JR. ESQUIRE
AKERMANN, SENTERFITT ET AL
ONE S.E. 3RD AVE., 28 FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RAATTAMA, HENRY H., JR. ESQUIRE
AKERMAN SENTERFITT
ONE S.E. 3RD AVE., 28 FLOOR
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 06/25/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LINARES. JOSE,
Address: MENORCA #10
City-St-Zip: PALMA DE MALLORCA,SP,

Title: EVP ( ) Delete
Name: REUS, GUILLERMO
Address: C/MENORCA, 10-2 PLANTA
City-St-Zip: PALMA DE MALLORCA, SPAIN, 07011

Title: VP ( ) Delete
Name: GARCIA, JUAN
Address: C/MENORCA, 10-2 PLANTA
City-St-Zip: PALMA DE MALLORCA, SPAIN, NJ 07011

Title: ST (X) Delete
Name: LARREA, MICHAEL
Address: 2655 LE JEUNE ROAD STE 914
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LINARES, JOSE
Address: MENORCA #10
City-St-Zip: PALMA DE MALLORCA, SP 07011 SP

Title: DEVP (X) Change ( ) Addition
Name: CALAFAT, JUAN J
Address: C/MENORCA, 10-2 PLANTA
City-St-Zip: PALMA DE MALLORCA, SP 07011 SP

Title: DST (X) Change ( ) Addition
Name: SANTOS, MONICA
Address: 2655 LE JEUNE RD., SUITE 914
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LINARES P 06/25/2004
Electronic Signature of Signing Officer or Director — Date