

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91587 013 ***150.00

DOCUMENT # 467569

1. Entity Name

VISUALIZER, INC

Principal Place of Business

9748 NW 4th Lane
 Miami, FL 33172

Mailing Address

9748 NW 4th Lane
 Miami, FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0077786

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0070388

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Fiallo, Armando
 7204 NW 79th TER
 Miami, FL 33166

7. Name and Address of New Registered Agent

Name Fiallo, Armando

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

9748 NW 4th Lane
 Miami, FL 33172

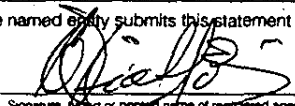
City Miami

FL

Zip Code 33172

8. 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



Armando Fiallo-STD

4/30/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW WITH FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

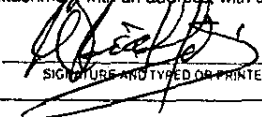
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Estrella, Carmen	
STREET ADDRESS	7204 NW 79 Ter.	
CITY - ST - ZIP	Miami, FL 33166	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	Fiallo, Armando	
STREET ADDRESS	7204 NW 79 Ter	
CITY - ST - ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fiallo, Jorge L.	
STREET ADDRESS	9748 NW 4th Lane	
CITY - ST - ZIP	Miami, FL 33172	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fiallo, Armando	
STREET ADDRESS	9748 NW 4th Lane	
CITY - ST - ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Armando Fiallo-STD

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director: Armando

CR2E034 (11/00)