## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** CORPORATION ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

## **FILED** Mar 18 1998 8:00am Secretary of State

DOCUMENT #	F24812	(2)	
CAPITALVISION INTE	RNATIONAL CORP.		

1. Corporatio		CODD			
CAPITA	LVISION INTERNATIONAL	CORP.		E NAARIYAN TEKA EENIN OLDOK LOKAL EKAKA ELAI BIANI A	IDAN BIBNI BIBNI BABAH BABAH ABRI
Principal Plac	e of Business	Mailing Address			
14232 SW 13 MIAMI FL 331		14232 SW 136 ST Miami Fl 33186			
US	•	US		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
				04/14/1981	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-2083943	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25   9. Name and Address of Curre	29 ent Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
AN	<del></del>		81 Name	(O, taulio alla riggioga di trovi riogiacole	- Agun
	IKGS REGISTERED AGENTS IN BO SUN BANK INTERNATIONAL			Add (0.0 P - N 1 N - A 1 N -	
	IE SE 3RD AVE	. Oin	82 Street	Address (P.O. Box Number is Not Acceptable)	
	AMI FL 33131		83		
••••			84 City		85 Zip Code
			- "	F	<b>L</b>
agent. I a	registered agent, or both, in the statum familiar with, and accept the oblining statum in the statum of the statum in the statum	igations of, Section 607.0505, Flo	Prida Statutes.  E Registered Agent signature	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPTS	DELETE	1.1 TITLE	OPTS	Change Addition
NAME	CROUSILLAT; MARIA E.		1.2 NAME	JOSE E. CROUSILLAT	
STREET ADDRESS	<del>14232 SW 136 ST</del>		1.3 STREET ADDRESS	14232 SW 136 STREET MIAMI, FLORIDA 33186	
CITY-ST-ZIP	MIAMI FL.	DELETE	1.4 CITY-ST-ZIP	MIAMI, FLOKIOA 33186	Change Addition
TITLE		T) bettie	2.1 TITLE	-	CT CHANGE CT ADDITION
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 SYREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-Z#P TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		C berrie	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this indicated on this annual report or suppliemental annual officer or director of the corporation of the receiver or Block 12 or Block 13 if changed, or or are attachment. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS