SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 16, 1999 8:00 am
Secretary of State
08-16-1999 90003 036 ***550.00

DOCUMENT # F97000005679

1. Corporation Name

MULTIVISION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1100 EAST WILLIAM STREET. STE 207 CARSON CITY NV 89701	1100 EAST WILLIAM STREET. STE 207 CARSON CITY NV 89701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1997

4. FEI Number **77-0463365** | 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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

EYLERTS, HORST C/O MULTIVISION CONSULTING
815 N RED ROAD #401
MIAMI FL 33126

10. Name and Address of New Registered Agent

81	Name	Eylerts, Horst
82	Street Address (P.O. Box Number is Not Acceptable)	10500 S.W. 128th Terrace
83		
84	City Miami	FL	85 Zip Code 33176

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 title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSD	☐ DELETE	1.1 TITLE — ☒ Change ☐ Addition
NAME FASI, RALPH		1.2 NAME
STREET ADDRESS 2440 W SHAW AVENUE SUITE 210		1.3 STREET ADDRESS 6781 N Palm Ave #120
CITY-ST-ZIP FRESNO CA		1.4 CITY-ST-ZIP Fresno CA 93704-1074
TITLE T...	☐ DELETE	2.1 TITLE — ☒ Change ☐ Addition
NAME WILLIAMS, REGINA		2.2 NAME
STREET ADDRESS 2440 W SHAW AVENUE SUITE 210		2.3 STREET ADDRESS 6781 N Palm Ave #120
CITY-ST-ZIP FRESNO CA		2.4 CITY-ST-ZIP Fresno CA 93704-1074
TITLE D -	☐ DELETE	3.1 TITLE — ☐ Change ☐ Addition
NAME FROHLICH, DIETER		3.2 NAME
STREET ADDRESS RORSCHACHERSTRASS 294		3.3 STREET ADDRESS
CITY-ST-ZIP ST GALLEN SWITZERLAND		3.4 CITY-ST-ZIP
TITLE	☐ DELETE	4.1 TITLE — ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE — ☐ Change ☐ Addition
NAME		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
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: Signatures Required   7-17-99   559 431 9029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (5/99)