FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

VISMA, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J27665

(5)

FILED Jan 31 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				I TOOLIGE QUEE INDIA EODEN MINIO MINIO MET MINIO ALDIA DIDIA DIDIA DIDIA DIDIA BODI HODI					
		603 JASMINE DR.							
803 JASMINE DR. 603 JASMINE DR. MELBOURNE BECH FL 32851 MELBOURNE BECH FL 32851		61-2121			1				
						3. Date Incorporated or Qualified 06/07/1986		ate of Last R 25/1996	leport
2. Principal	Prace of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				59-2716595	1	N	ot Applicable
Suite, Apt #, etc 22 27 Crty & State		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
		City & State				Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	ý		8. This corporation has liability for i	ntangible	tax under s	. 199.032,
24	25	29	30				Yes [
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Re	lstered	Agent	
	AH, UMA M.		81	ا	Name				
	3 JASMINE DR.		82	+	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
MÉ	LBOURNE BEACH FL 32951		83	-			····	•••	,
			63						
			84	ľ	City		FL	85 Zip	Code
11. Pursuar	of to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abov	e-r	named corpo	oration submits this statement for the p	urpose p	f changing i	ts registered
office of agent. I	r registered agent, or both, in the Stati Lam familiar with, and accept the oblic	e of Florida. Such change was a pations of, Section 607,0505, Fl	authorized b orida Statute	y ti s.	the corporation	on's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE		,,,							
Oldinatoria	Signature, typed or printro name of registered ag			ent	elgnature require	d when reinstating)	DATÉ		
12.		VD DIRECTORS	13.	•••••	 	ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLF	PD SHAH, MANHAR L.	L DELETE	1.1 TITLE					Change	☐ Addition
NAME	AAA LAALUME BB		1.2 NAME		000000				
STREET ADDRESS	MELBOURNE BEACH FL		1.3 STREE						
CITY+ST-ZIP TITLE	STD	DELETE	1.4 CITY - 1 2.1 TITLE	51-	ZIP			Change	Addition
NAME	SHAH, UMA M	La Dittil	2.2 NAME		\ .			City Orlange	7,00,000
STREET ADDRESS	AND TARREST DO		2.3 STREE		DDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL		2. 4 CITY-		1			-	
TITLE	VD	DELETE	3.1 TITLE	-			- 11	Change	Addition
NAME	PARIKH, KISHOR N.		3.2 NAME		ì		***		
STREET ADDRESS	A MOTORIA MAN		3 3 STREE	ΓAΩ	DORESS		'		
D/TY-ST-ZIP	KENDALL PARK NJ	_	3.4. CITY-	\$T-	- ZiP	·			
TITLE	D	DELETE	41 TITLE					☐ Change	Addition
NAME	PARIKH, KOKILA K.		4. 2 NAME	į					
STREET ADDRESS			4.3 STREE	I AI	ddress				
CITY - ST - ZIP	KENDALL PARK NJ		4.4 CITY-	<u>\$7 -</u>	ZIP		·····		
TITLE	VD	☐ DELETE	5.1 TITLE			•		Change	Addition
NAME	KARIA, MAHENDRA V.		5.2 NAME						
STREET ADDRESS			5.3 STREE						
CITY - ST - ZIP	MELBOURNE FL	Lorger	5.4 CITY-	ST-	-21P			T 1 05	4.2.3ht
TITLE	D D	☐ DELETE	6.1 TITLE			•		☐ Change	Addition
NAME	KARIA, CHANDRA M.		6.2 NAME						
SURFEL ADDRESS	s 3205 Marshall Dr.		6.3 STREE	T AI	DDRESS				

14. I do 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 arrival 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

6.4 CITY-ST-ZIP

SIGNATURE:

MELBOURNE FL

407 728 1957

0105361