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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J54490 1. Corporation Name

STREET ADDRESS

VISOLE,	INC.						
Principal Place	- f D	Mailing Address				OLAK ELEK ELEK EL	
		•					
10621 SW 88 ST MIAMI FL 33176		10621 N KENDALL DR Suite 101					
US MIAMI FL 33176				DO NOT WRITE IN THIS SPACE			
		US			<ol><li>Date Incorporated or Qualifed</li></ol>		
					01/30/1987		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			59-2782270		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red	. 1
City & State	e .	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Ir		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Registered	Agent	•
INNO	OCENTI, VERA M		[	Name	·		<u> </u>
1654	6 NE 26 AVE.		[	Street Add	dress (P.O. Box Number is Not Acceptable)	د پر ر <del>ه</del> د ۱۹۰	20.0
N. M	IAMI BCH. FL 33160		[	B3			
			ļ.	84 City	STORY OF STREET	85 Zip C	ode
3000 Ct 1	* (P.71)	Control of the second			· FI	<u> </u>	- cataland
. 11 Pursuanti	to the provisions of Sections our or	202 and 901.1300, Florida Statut	es, the ab	ove-named cor	poration subtilits this statement for the purpose of		inglistoriou i
office or read agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	utnorizeo rida Statui	tes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appointment when reinstating)  DATE	pintment as reg	pistered
office or real signature.	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was a gations of, Section 607.0505, Flo	utnorizeo rida Statui	tes.	tion's board of directors. Thereby accept the appr	ontinent as reg	jistereo
office or read agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was a gations of, Section 607.0505, Florgert and title if applicable.  (NOTE	rida Statut : Registered A	by the corporatives.	red when reinstating)	ontinent as reg	jistereo
office or read agent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	e of Florida. Such change was a gations of, Section 607.0505, Flo gent and title if applicable. (NOTE AND DIRECTORS	rida Statut  : Registered A	by the corporations.	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
office or neagent. I as SIGNATURE  12.	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A	e of Florida. Such change was a gations of, Section 607.0505, Flo gent and title if applicable. (NOTE AND DIRECTORS	: Registered A  13. 1.1 TITL 1.2 NAA	by the corporations.	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
office or n agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  PD INNOCENTI, SILVIO	e of Florida. Such change was a gations of, Section 607.0505, Flo gent and title if applicable. (NOTE AND DIRECTORS	: Registered A  13. 1.1 TITL 12 NAA 1.3 STR	gent signature requi	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE	e of Florida. Such change was a gations of, Section 607.0505, Flo gent and title if applicable. (NOTE AND DIRECTORS	: Registered A  13. 1.1 TITL 12 NAA 1.3 STR	by the corporatives.  In the corporative requirements are required to the corporative requirements.	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL	e of Florida: Such change was a gations of: Section 607.0505, Florida in the familiable.  (NOTE AND DIRECTORS	: Registered A  13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIT	by the corporatives.  gent signature requirements  E  #E  #E  #E  #F  #F  #F  #F	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD	e of Florida: Such change was a gations of: Section 607.0505, Florida in the familiable.  (NOTE AND DIRECTORS	: Registered A  13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	by the corporatives.  gent signature requirements  E  #E  #E  #E  #F  #F  #F  #F	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
office or reagent. I ail SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered are  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M	e of Florida: Such change was a gations of: Section 607.0505, Florida in the familiable.  (NOTE AND DIRECTORS	: Registered A  13. 1.1 TITL 12 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STR	E EET ADDRESS /-ST-ZIP E	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered are  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE	e of Florida: Such change was a gations of: Section 607.0505, Florida in the familiable.  (NOTE AND DIRECTORS	: Registered A  13. 1.1 TITL 12 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STR	E  EET ADDRESS  AE  EET ADDRESS  AE  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered are  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE	e of Florida: Such change was a gations of, Section 607.0505, Florida by the familiar of the f	INORIZED rida Statur  Registered A  13. 1.1 TITL 12 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CITY 2.4 CITY 2.4 CITY 2.5 TITL 2.4 CITY 2.7 TITL 2.5 NAA 2.6 STR 2.7 CITY 2.7 CI	E  EEET ADDRESS  /-ST-ZIP  EEET ADDRESS  /-ST-ZIP  EEET ADDRESS  /-ST-ZIP  EEET ADDRESS	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition
office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered are  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE	e of Florida: Such change was a gations of, Section 607.0505, Florida by the familiar of the f	Registered A   13.	E  EEET ADDRESS  /-ST-ZIP  EEET ADDRESS  /-ST-ZIP  EEET ADDRESS  /-ST-ZIP  EEET ADDRESS	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition
office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered are  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE	e of Florida: Such change was a gations of, Section 607.0505, Florida by the familiar of the f	Registered A   13.	E  KE  EET ADDRESS  /-ST-ZIP  EEET ADDRESS  Y-ST-ZIP  EEET ADDRESS  Y-ST-ZIP  EEET ADDRESS	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition Addition
office or r agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered are  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE	e of Florida: Such change was a gations of, Section 607.0505, Florida by the familiar of the f	Registered A   13.	gent signature requires  E  KE  EET ADDRESS  /-ST-ZIP  EEET ADDRESS  Y-ST-ZIP  E  KE  KE  KE  KE  KE  KE  KE  KE  KE	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition
office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered are  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE	e of Florida: Such change was a gations of: Section 607.0505, Florida and title if applicable. (NOTE AND DIRECTORS DELETE	Registered A   13.   1.1 TITL   12 NAA   1.3 STR   2.1 TITL   2.2 NAA   2.3 STR   2.4 CTT   3.1 TITL   3.2 NAA   3.3 STR   3.4 CTT   3.4 CTT   3.4 CTT   3.5 CTT   3.5 CTT   3.6 CTT   3	E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition Addition
office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE NO MIAMI BCH FL	e of Florida: Such change was a gations of: Section 607.0505, Florida and title if applicable. (NOTE AND DIRECTORS DELETE	INOTIZED rida Staturi Registered A 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.2 NAM 4.2 NAM 4.2 NAM 4.2 NAM 4.3 NAM 4.2 NAM 4.2 NAM 4.2 NAM 4.2 NAM 4.3 NAM 4.2 NAM 4.2 NAM 4.3 NAM 4.2 NAM 4.3 NAM 4.2	E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition Addition
office or ragent. I ai agent. I ai signature  12.  TITLE  NAME: STREET ADDRESS CITY-ST-ZIP TITLE  NAME: NAME: STREET ADDRESS CITY-ST-ZIP TITLE  NAME:	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE NO MIAMI BCH FL	e of Florida: Such change was a gations of: Section 607.0505, Florida in the factor of	INOTIZED rida Staturi Registered A 13. 1.1 TITL 12 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.1 TITL 4.2 NAA 4.3 STR 4.3 STR 4.4 STR	gent signature requires.  E  KE  EET ADDRESS  Y-ST-ZIP  E  KE  EET ADDRESS  Y-ST-ZIP  E  KE  KE  KE  KE  KE  KE  KE  KE  KE	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition Addition Addition
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE NO MIAMI BCH FL	e of Florida: Such change was a gations of: Section 607.0505, Florida and title if applicable. (NOTE AND DIRECTORS DELETE	INOTIZED rida Staturi Registered A 13. 1.1 TITL 12 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.1 TITL 4.2 NAA 4.3 STR 4.3 STR 4.4 STR	gent signature requires.  gent signature requires.  E  KE  EET ADDRESS  Y-ST-ZIP	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition Addition
office or r agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE NO MIAMI BCH FL	e of Florida: Such change was a gations of: Section 607.0505, Florida in the factor of	INOTIZED rida Staturi Registered A 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 4.4 CITY 1.4 CITY 1.	By the corporations of the	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition Addition Addition
office or ragent. I ai agent. I ai signature  12.  TITLE  NAME: STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE NO MIAMI BCH FL	e of Florida: Such change was a gations of: Section 607.0505, Florida in the factor of	INOTIZED ririda Staturi Registered A 13.   1.1 TITL 12 NAM 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITT 5.1 TITL 5.2 NAM	By the corporations of the	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  PD INNOCENTI, SILVIO 16546 NE 26 AVE NO MIAMI BCH FL  STD DE INNOCENTI, VERA M 16546 NE 26 AVE NO MIAMI BCH FL	e of Florida: Such change was a gations of: Section 607.0505, Florida in the factor of	INOTIZED ririda Staturi  Registered A 13.   1.1 TITL 12 NAA 1.3 STR 1.4 CITT 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITT 5.2 NAA 5.3 STR 5.3 ST	E  AE  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 Addition Addition Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90050 040 \*\*\*150.00