File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 13 AM 8:43

FILING FEE	Annual Report $ 50.00 + $88.75 Corporation Supplemental Fee
$ 138.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L98000000140

1. Name and Mailing Address of Limited Liability Company
VISWORLD INTERNATIONAL L.L.C.
% MICHAEL FELDENKRAIS, P.A.
12000 BISCAYNE BLVD., SUITE 220
MIAMI FL 33181

1a. Principal Place of Business Address
% MICHAEL FELDENKRAIS, P.A.
12000 BISCAYNE BLVD., SUITE
MIAMI FL 33181

2. Principal Place of Business
5333 COLLINS AVE
Suite, Apt. #, etc.
305
City & State
MIAMI BEACH FL
Zip 33140 Country USA

2a. Mailing Address
5333 COLLINS AVE
Suite, Apt. #, etc.
305
City & State
MIAMI BEACH FL
Zip 33140 Country USA

3. Date Organized or Qualified
01/30/1998

3a. State of Formation
FL

4. FEI Number
65-0822015
☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent
FELDENKRAIS, MICHAEL P.A.
12000 BISCAYNE BLVD., SUITE 220
MIAMI FL 33181

8. Name and Address of New Registered Agent/Office
Name
Michael Feldenkrais, Esq.
Street Address (P.O. Box Number is Not Acceptable)
290 NW 165 Street
Suite, Apt. #, etc.
Plaza 100
City
Miami FL
Zip Code 33169

9. Pursuant to the provisions of Section 608.415 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and agree to comply with the obligations

SIGNATURE _____ DATE 4/22/99
(Required Agent Acceptance Attachment) (NOTE: Registered Agent signature required when signing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
~~DIRECT~~ MGRM	MIRIAM NUÑEZ	5333 COLLINS AVE #305	MIAMI BEACH FL 33140

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-07/20/99--01095--005
****188.75 ****188.75

11. 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 4/22/99 (305)866-0292
Signature of an Authorized Officer or Printed Name of Signing Managing Member or Manager — Date — Business Phone

NR5E10 R (12-98)

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