P01000006262

## FILED Sep 25, 2002 8:00 am Secretary of State 09-25-2002 90122 036 \*\*\*558.75



2. Principal Place of Business 3. Mailing Address							\$ (001)18E) 151 001D) 15B5) 005( 005( 015)1 001	1415 DS14 S1510	BING HELLER	
6392 NW 84 AVE			6392 NW 84	AVE		]				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te		City & State			4.	FEI Number	I IA	oplied For	
MIAM	MIAMI ELOI	MT FLORIDA			65-1097560 Not Applicable					
Zip		Country	Zip	Country			12	\$8.75 Ad	*	
33166 USA 33166						5. Certificate of Status Desired Fee Required				
	6. Name	and Address of Current Re	egistered Agent			7.	Name and Address of New Registered	Agent		
<del></del> - ·		. ~		Name DAVID HURTADO						
AMERICAN INFURIMATION SERVICES, INC.					Street Address (P.O. Box Number is Not Acceptable)					
350 E LAS OLAS DEVD, STE 1600					Sireet Address (P.O. Box Number is Not Acceptable)					
FT-LAUDE	22224		•	6392 NW 84 AVE						
				City MIAMI FL 33166						
8. The above	named entity	submits this statement for the	he purpose of changing its	registere			gent, or both, in the State of Florida. I an	familiar with,	and accept	
the obligat	tions of registe	ered agent.			محلان		1911			
SIGNATURE	DAVID	HURTADO, Vic	re President		イプ	Do .	mr Dinatarla			
orannione.	Signature, typed	or printed name of registered agent and		E: Registered	Agent signature reco	aired when r	reinstating) DATE			
This corns	pretion is eligi	ble to natisfy its Intensible	EII E NOWI	N EEE	IC CECO OO					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After September 13, 2					se will be \$750.00 10. Election Campaign Financing \$5.00 May			<b>0</b> May Be		
•	ria on back)	X	Make Check Payal				Trust Fund Contribution.	Added	to Fees	
11.		OFFICERS AND DI		12.				DIDECTOR	O INL 44	
TITLE	D	OTTICENS AND DI		TITLE	I D D		<del></del>		Addition	
NAME	D Delete TITI				PK	PRESIDENT , DIRECTOR ☐ Change 🖾 Addition RICARDO QUINTANA				
	STREET ADDRESS 6392 84TH AVE						NW 84 AVE			
CITY-ST-ZIP					1	1				
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NAME	 		rin petete	NAME			PRESIDENT, DIRECTO HURTADO	≺ 🗀 change	Addition	
STREET ADDRESS										
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TITLE			☐ Delete	-			, FL 33166		<b>₩</b> 1	
NAME .			□ Delete	TITLE NAME	I SE	MEG CKEI	TARY,TREASURY,DIRE	TiOTKaude	🔀 Addition	
STREET ADDRESS							W 84 AVE			
CITY-ST-ZIP				CITY-			FL 33166			
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NAME			LT CARR	NAME			SPYKER	☐ change	FE MODITION	
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CITY-ST-ZIP				CITY-			FL 33166			
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NAME			□ Delete	NAME			POROTILE KOOÎMAN	☐ Change	X Addition	
STREET ADDRESS							W 84 AVE			
CITY-ST-ZIP				CiTY-S			FL 33166			
TITLE		<del></del> <u>-</u>	☐ Delete		***				<b>№</b> 1 Autor	
NAME			∟ Delete	NAME		RECT		☐ Change	<b>∑</b> Addition	
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C.I.LLI NODIILUG				a ameri						
CITY-ST-ZIP				CITY-S	T-7IP MT	9∠ IV AMT	W 84 AVE FL 33166			

indicated on this report or supplemental 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. I further certify that the information indicated on this report or supplemental 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, I further certify that the information 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. I further certify that the information indicated in 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. I further certify that the information indicates 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. I further certify that the information indicates as if the province of the corporation of the corporation or the receiver of trustee empowered to execute this report as a supplied of the corporation or the receiver of trustee empowered to execute this report as a supplied of the corporation of the corpo

SIGNATURE: DAVIDCHURTADOREVICE. @ LESIGENt

Daytime Phone #

DIBARTOLOMEO & DIBARTOLOMEO

8400 BIRD ROAD

JOSEPH DIBARTOLOMEO DEAN F. DIBARTOLOMEO

> ALLAN G. COHEN OF COUNSEL

JUDSON L. COHEN OF COUNSEL 8400 BIRD ROAD MIAMI, FLORIDA 33155

TEL. (305) 226-2276 FAX (305) 226-6147 DIBARTOLOMEO@LAW.COM PERSONAL INJURY
WRONGFUL DEATH
WILLS, TRUST, PROBATE
REAL ESTATE
COMMERCIAL TRANSACTIONS
CORPORATIONS
IMMIGRATION
RELIGIOUS RIGHTS

September 24, 2002

Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Sent Via Overnight Delivery

RE: ENTITY: Vida Vision Communications, Inc.

FEI No.: 65-1097560

DOCUMENT No.: P01000006262

Dear Sir or Madam:

Please find enclosed my trust account check, in the amount of \$558.75, made payable to the DEPARTMENT OF STATE, representing the fee to file the 2002 Uniform Business Report for the above-referenced entity. Please send the Certificate of Status for the corporation to the undersigned.

Should you have any questions, please contact me.

Very truly yours,

Dean F. DiBartolomeo

DFD:gmd Encl.