

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -8 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

VISUALTOOLS U.S., INC. 001000012782

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8390 N.W. 53 ST.

Suite, Apt. #, etc.

312

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Address

8390 N.W. 53 ST.

Suite, Apt. #, etc.

312

City & State

MIAMI, FL

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1087438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAQUEL MATAS c/o FERRELL SCHULTZ ATTORNEYS

Street Address (P.O. Box Number is Not Acceptable)

201 S. BISCAYNE BLVD., 74TH FL.

City

MIAMI

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent, also file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CHAIRMAN & SECRETARY
DAVID DARSCH
ISLA GRACIOSA #1
28034 MADRID, SPAIN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT & TREASURER
FELIX ACERO
ISLA GRACIOSA #1
28034 MADRID, SPAIN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700006329617--5
-07/11/02--01033--025
*****96.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DARSCH, CHAIRMAN 6/12/02 703 444 6600

13000

Daytime Phone

CR2E034B (12/01)

| | |
|------------------|---------|
| Requester's Name | |
| Address | |
| City/State/Zip | Phone # |

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

600006329546--7
-07/11/02--01033--025
*****96.25 *****35.00

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : VISUAL TOOLS U.S., INC.

2. The mailing address of the corporation : 8390 N.W. 53 STREET, MIAMI, FLORIDA
33166

3. Date of incorporation/qualification: FEB. 2, 2001 Document number: P01000012782

4. The name and address of the current registered agent and office:

ALAN MARGULIES c/o VISUAL TOOLS U.S. INC.

8390 NW 53 ST., SUITE 312

MIAMI, FL 33166

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

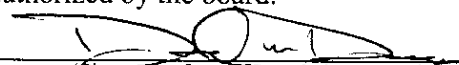
RAQUEL MATAS c/o FERRELL SCHULTZ ATTORNEYS

201 S. BISCAYNE BLVD., 7TH FL.

MIAMI, FL 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

7/02/02
(Date)

If signing on behalf of an entity:

RAQUEL MATAS, Esq.
(Typed or Printed Name)

Attorney
(Capacity)

*** FILING FEE: \$35.00 ***