

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014202 (5)

1. Corporation Name

VISSER INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

7339 NW 79TH TER.
SUITE 195
MEDLEY FL 33166
US

7339 NW 79TH TERR.
SUITE 195
MEDLEY FL 33166
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

05/10/1995

4. FEI Number

59-3165646

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Lehman, Vivian

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Vivian Lehman

4-30-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

VISSER, CONRAD J

108 BAYBERRY ROAD

ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

VISSER, EDA

108 BAYBERRY ROAD

ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

VISSER, VIVIAN

108 BAYBERRY ROAD

ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

VISSER, HERNAN

108 BAYBERRY ROAD

ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

VISSER, CLAUDE

108 BAYBERRY ROAD

ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Vivian Lehman

4-30-96 (305) 889-0072