

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 # P93000012784 (3)

1. Corporation Name
BLIND 2000, INC.



Principal Place of Business: **1832-A N. UNIVERSITY DR. PLANTATION FL 33322 US**
Mailing Address: **1832-A N. UNIVERSITY DR. PLANTATION FL 33322 US**

3. Date Incorporated or Qualified: **03/04/1993**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business: **21 1405 SW 2nd Ave**
2a. Mailing Address: **26 777 Riverside Dr. Suite #1521**
22. Suite, Apt. #, etc.: **27 Suite #1521**
23. City & State: **23 Ft. Lauderdale Fl.**
28. City & State: **28 Coral Springs Fl 33**
24. Zip: **24 33315** 25. Country: **25 USA**
29. Zip: **29 33071** 30. Country: **30 USA**

4. FEI Number: **65-0391310**
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

9. Name and Address of Current Registered Agent
**RONDELLI, PATRIZIA
1832-A N. UNIVERSITY DR.
PLANTATION FL 33322**

10. Name and Address of New Registered Agent
81. Name: **Rondelli, Patrizia**
82. Street Address (P.O. Box Number is Not Acceptable): **777 Riverside Dr. #1521**
83. **#1521**
84. City: **Coral Springs** 85. Zip Code: **FL 33071**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RONDELLI, PATRIZIA	
STREET ADDRESS	1832-A N. UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RONDELLI, EVALDO	
STREET ADDRESS	1832-A N. UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	777 Riverside Dr. Suite #1521
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	777 Riverside Dr. Suite #1521
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **[Signature]** Date: **(954) 423-9778**

CR2E034 (12/95)