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PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P93000028242

1. Corporation Name
VISABEL CORPORATION

Principal Place of Business
3435 N.W. 17th AVE
MIAMI, FLORIDA
33142

Mailing Address
SAME

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number 65-0502720	Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip (24) / Country (25)	Zip (29) / Country (30)	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

BOBBIE FALLAT
3435 NW 17th AVE
MIAMI, FLA 33142

10. Name and Address of New Registered Agent

81 Name

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 and agree to comply with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and title if applicable) (DATE) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	P/D FALLAT SEGUNDO 3435 NW 17th AVE MIAMI FL 33142 ☐ DELETE	1-1 TITLE 1-2 NAME 1-3 STREET ADDRESS 1-4 CITY-ST-ZIP	☐ Change ☐ Addition
	S/D FALLAT BOBBIE 3435 N.W 17th AVE MIAMI FL 33142 ☐ DELETE	2-1 TITLE 2-2 NAME 2-3 STREET ADDRESS 2-4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	3-1 TITLE 3-2 NAME 3-3 STREET ADDRESS 3-4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4-1 TITLE 4-2 NAME 4-3 STREET ADDRESS 4-4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5-1 TITLE 5-2 NAME 5-3 STREET ADDRESS 5-4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6-1 TITLE 6-2 NAME 6-3 STREET ADDRESS 6-4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I 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 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 addres

SIGNATURE: Bobbie Fallat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-01 (305) 633-4814
Date Daytime Phone #