FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:52

DOCUMENT # **P93000056906 (9)**

1. Corporation Name
VIZCON, INC.

Principal Place of Business	Mailing Address
306 NW DRIVE MIAMI FL 33126	306 NW DRIVE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 7471 Sw 8th Street
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33144 Country 25 Dade

2a. Mailing Address
26 7471 SW 8th Street
Suite, Apt. #, etc. 27
City & State 28 Miami, Florida
Zip 29 33144 Country 30 Dade

4. FEI Number: 65-0491533 ☐ 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

9. Name and Address of Current Registered Agent

VIZCON, PETER
306 NW DRIVE
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Peter Vizcon, President
82 Street Address (P.O. Box Number is Not Acceptable): 7471 SW 8th Street
83
84 City: Miami **FL** 85 Zip Code: 33144

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 _____ DATE
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when manually signed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	President	☐ Change ☐ Addition
NAME	VIZCON, PETER	12 NAME	Peter Vizcon	
STREET ADDRESS	306 NW DRIVE	13 STREET ADDRESS	7471 SW 8th Street	
CITY ST ZIP	MIAMI FL 33126	14 CITY ST ZIP	Miami, Fl 33144	
TITLE	VST	21 TITLE	Vice-President	☐ Change ☒ Addition
NAME	VIZCON, PETER	22 NAME	Ernesto Tena	
STREET ADDRESS	306 NW DRIVE	23 STREET ADDRESS	7471 Sw 8th Street	
CITY ST ZIP	MIAMI FL 33126	24 CITY ST ZIP	Miami, Fl 33144	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 address.

SIGNATURE: Peter Vizcon 5-12-1995 305-264-8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427353 FP