


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90025 031 ***158.75

| | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # P93000061667

1. Corporation Name
VISIONES ORIENTALES, INC.



| | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business 1689 N. HIATUS RD. SUITE 208 PEMBROKE PINES FL 33026 US | Mailing Address 1689 N. HIATUS RD. SUITE 208 PEMBROKE PINES FL 33026 US |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

| | | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 08/30/1993 | 4. FEI Number 65-0429695 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent DANCER, ROBERT 1689 N. HIATUS RD. SUITE 175 PEMBROKE ROAD FL 33026 ADDRESS CORRECTION ONLY |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Name and Address of New Registered Agent 81 Name ROBERT DANCER 82 Street Address (P.O. Box Number is Not Acceptable) 1689 N. HIATUS RD. 83 SUITE 208 84 City PEMBROKE PINES 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



(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------|
| TITLE | DPST <input type="checkbox"/> DELETE |
| NAME | DANCER, ROBERT |
| STREET ADDRESS | 1689 N. HIATUS RD., SUITE 208 |
| CITY-ST-ZIP | PEMBOKE PINES FL |
| TITLE | DV <input type="checkbox"/> DELETE |
| NAME | MENDEZ, LUIS A |
| STREET ADDRESS | 1689 N. HIATUS RD., SUITE 208 |
| CITY-ST-ZIP | PEMBROKE PINES FL |
| TITLE | DVP <input type="checkbox"/> DELETE |
| NAME | O'SULLIVAN, MICHAEL R. |
| STREET ADDRESS | 1689 N. HIATUS RD., SUITE 208 |
| CITY-ST-ZIP | PEMBROKE PINES 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-99 (954) 584-7395