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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400009912 (4)

VISUAL ART SYSTEMS, INC.

Principal Place of Business

4440 NW 77TH TERRACE

Mailing Address

4440 NW 77TH TERRACE

FILED Apr 29 1997 8:00am Secretary of State



Sulte, Apt. #, etc. 22 City & State City & State City & State Country 25 29 30 Sanchez, Hector O Sanchez, Hector O Sanchez, Hector O 4440 NW 77TH TERRACE LAUDERHILL FL 33351 Suite, Apt. #, etc. Suite, Apt	Applied For Not Applicable 75 Additional Re Required .00 May Be ded to Fees der s 199.032,
21 26 65-0461897 Sulte, Apt. #, etc. 22 5 City & State 23 City & State 24 City 25 29 30 Florida Statutes SANCHEZ, HECTOR 0 4440 NW 77TH TERRACE LAUDERHILL FL 33351 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Status Desired 6. Election Campaign Financing S5 Trust Fund Contribution Ad Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	Not Applicable 75 Additional se Required .00 May Be ided to Fees ider's 199.032.
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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 chang 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	it as registered
SIGNATURE Signature, typed or printed name of registered agent and steed applicable (NOTE: Registered Agent signature required when remistaling) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	TORS IN 12
TITLE DP DELETE 11 TITLE Cha	nge 🔲 Addition
NAME SANCHEZ, HECTOR O 12 NAME	
STREET ADDRESS 4440 NW 77TH TERRACE 13 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL 33351 14 CITY-ST-ZIP	
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NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZiP	

14. I do 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 supplicmental armual 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 taystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.