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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000078060 (7)

VISUALCOM INC.

Principal Place of Business Mailing Address 770 CLAUGHTON ISLAND DR. 770 CLAUGHTON ISLAND DR **SUITE 1114 SUITE 1114** MIAMI FL 33131 MIAMI FL 33131 3. Date incorporated or Qualified 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0724078 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Country Zip Country Zιp 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 VANYI-ROBIN, ANDRE' L 770 CLAUGHTON ISLAND DR. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1114** 83 **MIAMI FL 33131** 84 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Addition 1.1 TITLE TITLE VANTI-ROBIN, ANDRE L 1.2 NAME NAME 770 CLAUGHTON ISLAND DR. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE GIANCARLO, ENRICO 2.2 NAME NAME STREET ADDRESS AVE LIBERTADOR, EDF ENA, PISO 8, OFIC. 810 2.3 STREET ADDRESS CARACAS, VENEZUELA 60670 2 4 CiTY - ST - 7iP CITY-ST-ZIP DELETE M Addition 3.1 TITLE Change TITLE REUSCHE, TAIME 770 CLAUGHTON ISLAND De BETANCOURT, ANDRES 3.2 NAME NAME AVE LIBERTADOR, EDF ENA, PISO 8, OFIC. 810 STREET ADDRESS 3.3 STREET ADDRESS MIAMI Pt. 33131 Caracas, venezuela 60670 CITY-ST-ZIP 3.4. CHTY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME NARANSO, FERNANDO 4. 2 NAME AVE LIBERTADOR, EDF ENA, PISO 8, OFIC. 810 4.3 STREET ADDRESS STREET ADDRESS **CARACAS, VENEZUELA 60670** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZiP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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, Flor da Statutes; and that my name appears in