

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90004 018 ***150.00

DOCUMENT # P95000078060

1. Corporation Name
VISUALCOM INC.

Principal Place of Business
770 CLAUGHTON ISLAND DR.
SUITE 1114
MIAMI FL 33131

Mailing Address
770 CLAUGHTON ISLAND DR.
SUITE 1114
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-0724078

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1001 Brickell Bay Dr.

Suite, Apt. #, etc.

22 Miami FL

City & State

23 33131 U.S.A

Zip Country

24 25

2a. Mailing Address

26 1001 Brickell Bay Dr.

Suite, Apt. #, etc.

27 1520

City & State

28 Miami, FL

Zip Country

29 33131 30 U.S.A

9. Name and Address of Current Registered Agent

VANYI-ROBIN, ANDRE' L
770 CLAUGHTON ISLAND DR.
SUITE 1114
MIAMI FL 33131

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. 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME VANYI-ROBIN, ANDRE L
STREET ADDRESS 770 CLAUGHTON ISLAND DR #1114
CITY-ST-ZIP MIAMI FL 33131

TITLE VP ☒ DELETE
NAME GIANCARLO, ENRICO
STREET ADDRESS AVE LIBERTADOR, EDF ENA, PISO 8, OFIC. 810
CITY-ST-ZIP CARACAS, VENEZUELA 60870

TITLE D ☒ DELETE
NAME REUSCHE, JAIME
STREET ADDRESS 770 CLAUGHTON ISLAND DR #1114
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME YOLANDA DESCARTIN
2.3 STREET ADDRESS 770 CLAUGHTON IS. DRIVE, APT # 1114
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 supplement 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 as 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 #

CR2E034 (1/98)