

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90071 003 ***150.00

DOCUMENT # P95000081435

1. Corporation Name
SPATIAL REALITY, INC.

Principal Place of Business
5614 ORDUNA DR
CORAL GABLES FL 33146
US

Mailing Address
5614 ORDUNA DR
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1995

4. FEI Number
65-0627584

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

21 221 ARAGON AVE,

Suite, Apt. #, etc.
22 SUITE 201

City & State
23 CORAL GABLES

Zip Country
24 33134 25 USA

2a. Mailing Address

26 221 ARAGON AVE

Suite, Apt. #, etc.

27 SUITE 201

City & State
28 CORAL GABLES

Zip Country
29 33134 30 USA

9. Name and Address of Current Registered Agent

BOLANOS, JOSE A
2121 PONCE DE LEON BLVD.
SUITE 1035
CORAL GABLES FL 33134

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
NAME BOURDON, FABIEN L
STREET ADDRESS 1249 VENSTIA AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE V
NAME BUIGAS, ELENA M
STREET ADDRESS 1249 VENETTA AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
BOURDON, FABIEN L
5614 ORDUNA DR.
CORAL GABLES, FL 33146

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
BUIGAS, ELENA M
5614 ORDUNA DR.
CORAL GABLES, FL 33146

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

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

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

6.1 TITLE
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 if changed, 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 #

1/10/99 305/443-6330

CR2E034 (11/98)