RAPID USA VISAS, INC.

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P96000029067

FILED

99 MAY -4 PH 3: 58

SEGNA MAI LA STATE TALLAHASSEE, ELORIDA

•					
Principal Place	n of Pusiness	Mailing Address			• •
-11809 74MIAWI		- 11003 TAMIAMI TRAIL			
SUITE 100		SUITE 100			
NATES FL 34110		NAPLES FL 34110-		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
1					
2 Ginsipal El	loss of Pusiones	2a. Mailing Address		04/01/1996 4. FEI Number	Applied For
2. Principal Place of Business		26 2338 MM	skalee Rol	65-0665730	Not Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.	3		\$8.75 Additional
22		27 0		5. Certificate of Status Desired []	Fee Required
City & State	ė	City & State	0.4 -	6. Election Campaign Financing	\$5.00 May Be
23		28 Naples	florida	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	
24	25	29 54110 3	0 371	Personal Property Tax	[Yes [No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	CADBODARION CERUI	CE COMBANY	Q1 Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82 Street Address (P.O. Box Number is Not Acceptable)		
		22201	83		
	TALLAHASSEE, FL	32301			
			84 City	F	85 Zip Code
44 Dureuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named coru	oration submits this statement for the purpose of	of changing its registered
office or re	egistered agent or both in the State o	if Florida. Such change was auth	horized by the corogram	on's board of directors. Thereby a cept the app	ointment as registered
	m familiar with, and accept the obligation	ons or, Section 607.0505, Florid	a Statutes		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE R	ugistered Ager I signature require	etwice tell 20 epi	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	1 -
TITLE	P	[.] DELETE	11 THLE		[] Change
NAME	HULME, VALERIE		1.2 NAME		
STREET ADDRESS	2338 IMMOKALEE RI	SUITE 101	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES_FL_34110_	F) perere	1.4 CITY-ST-ZIP		[] Change [] Add-tion [
TITLE		DELETE	21 TIFLE		
NAME			2.2 NAME	60099286	60961 -01009008
STREET ADDRESS			2 3 STREET ADDRESS	****150.8	
CITY-ST-ZIP		[] DELETE	2.4 C(TY-ST-Z)F/ 3.1 T(TLF	*****130:0	[Change Addition
TITLE NAME		() DECC (C	32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			34 Cily-ST-ZiF		
TILE		[] DELETE	41 TITLE		[Change [Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZiP		
TITLE		[] DELETE	51 THLF		[] Change [] Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		_
CITY-ST-ZIP			5.4 CiTY-ST-ZiP		
TITLE		☐ DELETE	61 TITLE		[] Change [] Idition
NAME			6 2 NAME		~ MUM
STREET ADORESS			63 STREET ADDRESS		$\wp^{(\mathbf{x})}$
CITY-ST-ZIP	1		64 CITY-ST-ZIP		Ο (

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(t). 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:

VALERIE HULME

941-594-5400