

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
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90010 013 ***150.00

DOCUMENT # P96000046000

1. Corporation Name

VISUAL CARE AND SUPPLIES, INC.

Principal Place of Business

Mailing Address

8181 NW 36 STREET # 25-B
MIAMI, FL. 33166

8181 NW 36 STREET # 25-B
MIAMI, FL. 33166



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/96

4. FEI Number

65-0668243

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLFO PASTRANA
8430 NW 8TH ST. APT.A11
MIAMI, FL. 33126

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME ARNOLFO PASTRANA
STREET ADDRESS 8430 NW 8TH ST. APT.A11
CITY-ST-ZIP MIAMI, FL. 33126

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Arnolfo Pastрана

7/22/99 (305)513-0686

CR2E034 (11/98)

P96000046000
599201-90010-13
VISUAL CARE & SUPPLIES, INC.
8181 NW 36TH STREET - SUITE 25B
MIAMI, FL. 33166
PH: (305) 513-0686 FAX: (305) 513-0685

July 23, 1999

ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

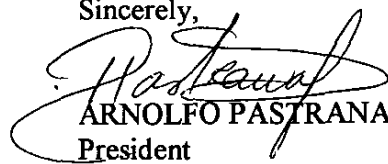
REF.: DOCUMENT NO: P96000046000
VISUAL CARE & SUPPLIES, INC.

Dear Sirs,

Please find attached blank form of your Profit Corporation Annual Report 1999 that we have got through Fast Corporate Agents and have filled out and signed with our check No. 429 covering registration renewal fees for \$150.00.

Please be advised that we have been facing serious problems with our incoming correspondence when our suite number is not shown on it. Probably the reason for not having received your printed form is that. Please check your records and if not, please add Suite No. 25-B to our address to ensure future correspondence reception.

Sincerely,


ARNOLFO PASTRANA
President