

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

DOCUMENT # P96000062492

1. Corporation Name
POWER VISUALS CO., INC.

Principal Place of Business

1776 POLK ST
APT 10-A
HOLLYWOOD FL 33020
US

Mailing Address

1776 POLK ST
APT 10-A
HOLLYWOOD FL 33020
US

2. Principal Place of Business

21 **6010 NW 77 Court**

2a. Mailing Address

26 **6010 NW 77 Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Miami, FL**

City & State

28 **Miami, FL**

Zip Country

24 **33166** 25 **U.S.**

Zip Country

29 **33166** 30 **U.S.**

9. Name and Address of Current Registered Agent

HERNANDEZ, IVORY
1776 POLK ST APT 10-A
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Ivory Hernandez

82 Street Address (P.O. Box Number is Not Acceptable)

6010 NW 77 Court

83

84 City

Miami

FL

85 Zip Code

33166

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

Ivory Hernandez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
HERNANDEZ, IVORY
STREET ADDRESS **1301 SOUTH 29TH AVE.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE

NAME **VD**
HERNANDEZ, BARBARA M
STREET ADDRESS **1301 SOUTH 29TH AVE.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **PD**
Hernandez, Ivory
1.3 STREET ADDRESS **6010 NW 77 Court**
1.4 CITY-ST-ZIP **Miami, FL 33166**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VD**
Hernandez, Barbara M.
2.3 STREET ADDRESS **6010 N.W. 77 Court**
2.4 CITY-ST-ZIP **Miami, FL 33166**

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 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:

Ivory Hernandez (Ivory Hernandez)

4/15/99

(305) 592-5775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)