

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080143 (6)

1. Corporation Name

VISION LAB TELECOMMUNICATIONS, INC.

Principal Place of Business

605 LINCOLN RD
STE 310
MIAMI FL 33139
US

Mailing Address

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc	26	Suite, Apt. #, etc
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENTS
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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)

NAME Registered Agent (if applicable) and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	EL-SAZZAR, AMIN	
STREET ADDRESS	825 MICHIGAN AVE APT 3	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	DELETE
NAME	BUENDIN, PATRICIA	
STREET ADDRESS	3100 COLLINS AVE APT 1604	
CITY-ST-ZIP	MIAMI FL	
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.

11 TITLE	DPCBOS
12 NAME	Amin El-Gazzar
13 STREET ADDRESS	605 Lincoln Road, Suite 310
14 CITY-ST-ZIP	Miami Beach, FL 33139
21 TITLE	VP
22 NAME	Patricia Buendia
23 STREET ADDRESS	3100 Collins Ave. Apt. 1604
24 CITY-ST-ZIP	Miami, FL
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

2-10-99 305-S34-1812

FILED

99 FEB 26 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

4. FCI Number

65-0702814

Applied For

Not Applicable

5. Certificate of Status, Directed

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. The corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒

Yes

☐

No

10. Name and Address of New Registered Agent

CR2E034 (10/97)