FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 DEC -1 AM 9:1[illegible]
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000091545

1. Corporation Name
Altamira Visual Communications, Inc.

Principal Place of Business	Mailing Address
4173 NW 135th ST Opa-locka, FL 33054	Same

2. Principal Place of Business	2a. Mailing Address
21 4173 NW 135th ST.	26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Opa-locka	City & State 28
Zip / Country 24 33054 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: Nov 5 1996
3a. Date of Last Report: July
4. FEI Number: 65-0707927 — ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Samuel Rodriguez 4173 NW 135th ST Opa-locka, FL 33054	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 800002364768--0 -12/05/97--01110--006 84 City *****61 FL 88 *****61.25

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] 11-17-97
Signature, type or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Vincent Rodriguez 1427 W 39th PL Hialeah, FL 33012	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Walter Cespedes 1555 NE 121 ST APT-S404 N. MIAMI, FL 33161	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT WALTER CESPEDES 1555 NE 121ST APT-S404 N. MIAMI, FL 33161	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C.E.O / VICE PRESIDENT Samuel Rodriguez 4955 NW 199th ST #168 Carol City, FL 33054	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	C.E.O / VICE PRESIDENT SAMUEL RODRIGUEZ 4955 NW 199 ST #168 CAROL CITY, FL 33054	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 11-17-97 305-681-9170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #