

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  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90096 036 \*\*\*150.00

DOCUMENT # P96000091545

1. Corporation Name  
ALTAMIRA VISUAL COMMUNICATIONS, INC.

Principal Place of Business  
4173 NW 135TH STREET  
OPA-LOCKA FL 33054

Mailing Address  
4173 NW 135TH STREET  
OPA-LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1996

4. FEI Number

65-0707927

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

2. Principal Place of Business

21 11077 BISCAYNE BLVD.

Suite, Apt. #, etc.

22 205

City & State

23 NORTH MIAMI FL

Zip

24 33161

Country

25 US

2a. Mailing Address

26 11077 BISCAYNE BLVD.

Suite, Apt. #, etc.

27 205

City & State

28 NORTH MIAMI FL

Zip

29 33161

Country

30 U.S.

9. Name and Address of Current Registered Agent

RODRIGUEZ, SAMUEL JR  
701 E 22ND ST #4  
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name

SAMUEL RODRIGUEZ

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

3740 NW 203<sup>RD</sup> ST

83

84 City

CAROL CITY

FL

85 Zip Code

33055

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

TITLE CEO  
NAME RODRIGUEZ, SAMUEL  
STREET ADDRESS 3740 NW 203 ST  
CITY-ST-ZIP CAROL CITY FL 33055

TITLE P  
NAME CESPEDES, WALTER  
STREET ADDRESS 1555 NE 121ST APT-S404  
CITY-ST-ZIP N MIAMI FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99

Date

305-893-8858

Daytime Phone #

0153361

CR2E034 (1/1/98)