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 # P97000017456 1. Corporation Name

FUSION ARTS INC

Principal F	lace of Business	

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90063 018 ***150.00

FUSION	Anto, ino.								
Principal Place of Business Mailing Address							1101		
362 CROFTON DRIVE 362 CRO		362 CROFTON DRIVE	ROFTON DRIVE						
OCOEE FL 34761 OCOEE FL 34761						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	•		
						02/24/1997			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
	ace of business	26				59-3431605	 	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	\$8.75 A	dditional	
22		27	<u>⊢</u>			5. Certifcate of Status Desired	Fee Rec	uired	
City & State		City & State				6. Election Campaign Financing	\$5.00 N	May Be	
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	30	,		Personal Property Tax.		∑ (No	
	9. Name and Address of Currer	nt Registered Agent		04	61	10. Name and Address of New Registered	Agent		
OD^	WHITE OMAIDA			81	Name				
	CHILLES, OMAIRA CROFTON DRIVE			82	Street Add	iress (P.O. Box Number is Not Acceptable)			
	DEE FL 34761								
OCC	JEE FL 34701			83					
				84	City		85 Zip C	ode	
		DD DOZ 4500 Florido Etc	atutaa tha a	<u> </u>	nomed cor	poration submits this statement for the purpose of	changing its I	registered	
office or r	enistered agent or both in the State	of Florida. Such change wa	is authorized	I ov i	tne corporat	ion's board of directors. I hereby accept the appoi	ntment as reg	istered	
agent, I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Stati	utes.	•	,			
SIGNATURE	Signature, typed or printed name of registered age	A SULT CONTRACTOR (N	IOTE: Begintered	l Acces	1 elanoture recuri	red when reinstating) DATE			
12.		ND DIRECTORS	13.	ngen	Largitatare rodes	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TI	TLE			☐ Change	☐ Addition	
NAME	ORCHILLES, OMAIRA		1.2 N/	AME		•			
STREET ADDRESS	362 CROFTON DRIVE		1.3 \$7	TREET	ADDRESS			- (
CITY-ST-ZIP	OCOEE FL 34761		1.4 CI	ITY-51	r-ZIP				
TITLE	SD	C DELETE	2.1 Π	TLE			Change	☐ Addition	
NAME.	ORCHILLES, FRANCISCO		2.2 N	AME	}				
STREET ADDRESS	362 CROFTON DRIVE			TREET	ADDRESS			Ì	
CfTY-ST-ZIP	OCOEE FL 34761	_	2.40	πγ- <u>5</u>	T-ZIP				
TITLE		DELETE	· 3.1 TT	TLE	. ــا	مستخدر به المنظم المنظم المنظم المنظم ا المنظم المنظم	☐ Change	- Addition	
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP				ITY-S	T-ZIP			- Addition	
TITLE		☐ DELETE					Change	☐ Addition }	
NAME			4.2 N]	
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP				ITY- \$1	T-ZIP		Change	Addition	
TITLE	.,	☐ DELETE					□ vilalige		
NAME			5.2 N		ADDRESS	·		-	
STREET ADDRESS									
CITY-ST-ZIP		DELETE		TY-S	1-611		Change	Addition	
TITLE)	LI VELETE	6.2 N		}				
NAME					T ADDRESS			\	
STREET ADDRESS				ITY-S				{	
CITY OF TID	(■ 6.4 C	11 Y - Si	1-4P			I .	

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 AND TYPED OR PRINTE

OMA RAZORCHI