


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

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90004 005 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000029834**

1. Corporation Name  
**HIGH VISIBILITY, INC.**

Principal Place of Business 10350 W. BAY HARBOUR DR PH-N BAY HARBOUR ISLAND FL 33154 US	Mailing Address 4045 SHERIDAN AVE SUITE 405 MIAMI BEACH FL 33140 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>19999 E COUNTRY CLUB DR</b> Suite, Apt. #, etc. 22 <b>103</b> City & State 23 <b>AVENTURA FL</b> Zip 24 <b>33180</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>04/01/1997</b>	Applied For Not Applicable
4. FEI Number <b>65-0743555</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
  
**ORTEGA, EDWARD W.**  
**4045 SHERIDAN AVE**  
**SUITE 405**  
**MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ORTEGA, EDWARD W	
STREET ADDRESS	1131 103RD ST	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ORTEGA-SHYNE, ANNA	
STREET ADDRESS	5433 ST ANDREWS DR	
CITY-ST-ZIP	FARMINGTON NM 87402	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ORTEGA, EDWARD W	
1.3 STREET ADDRESS	19999 E COUNTRY CLUB DR, #103	
1.4 CITY-ST-ZIP	AVENTURA, FL 33180	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ORTEGA-SHYNE ANNA	
2.3 STREET ADDRESS	19999 E COUNTRY CLUB DR, #103	
2.4 CITY-ST-ZIP	AVENTURA, FL 33180	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 (305) 868-5488  
Date Daytime Phone #

CROF034 (11/98)

0209026