

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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000036881 (5)

1. Corporation Name

VISION SOFTWARE TECHNOLOGIES, INC.

Principal Place of Business

1865 BRICKELL AVE
SUITE A-207
MIAMI FL 33129

Mailing Address

1865 BRICKELL AVE
SUITE A-207
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

65-0752146

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 10482 NW 31 TERRACE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 3317Y

Country

25 USA

2a. Mailing Address

21 10482 NW 31 TERRACE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33172

Country

30 USA

9. Name and Address of Current Registered Agent

SCHERE, LESLIE ALAN
1865 BRICKELL AVE
SUITE A-207
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

RONALD JACOBSON

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

12856 SW 67 TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33183

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

RONALD JACOBSON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1/12/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHERE, LESLIE ALAN
STREET ADDRESS 1865 BRICKELL AVE, STE A207
CITY-ST-ZIP MIAMI FL 33129

TITLE PRESIDENT
NAME RONALD JACOBSON
STREET ADDRESS 10482 NW 31 TERRACE
CITY-ST-ZIP MIAMI, FL 33192

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 a 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, typed or printed name of registered agent and title, if applicable

RONALD JACOBSON

1/12/98

305 380 1878

CR2E034 (10/97)