

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**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90015 032 \*\*\*150.00

**DOCUMENT # P97000067777**

1. Corporation Name  
**GLOBAL VISION COMPUTERS, INC.**

Principal Place of Business  
17150 COLLINS AVENUE  
SUITE 107  
NORTH MIAMI BEACH FL 33160

Mailing Address  
17150 COLLINS AVENUE  
SUITE 107  
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

65-0780338

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 14358 Biscayne Blvd

2a. Mailing Address

26 14358 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 --

27

City & State

23 North Miami, Fl

City & State

28 Miami, Florida

Zip

24 33181

Country

25 Dade

Zip

29 33181

Country

30 Dade

9. Name and Address of Current Registered Agent

ZAYAS, OSVALDO  
17150 COLLINS AVENUE  
SUITE 107  
NORTH MIAMI BEACH FL 33160

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

*Osvaldo Zayas* 2/17/99

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ZAYAS, OSVALDO  
STREET ADDRESS 6940 HARDING AVENUE APT #10  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE VPD ☐ DELETE  
NAME ZAYAS, LOURDES  
STREET ADDRESS 6940 HARDING AVENUE APT #10  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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:

*Osvaldo Zayas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/99 305-940-7715

CR2E034 (11/98)

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