

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT #

1. Corporation Name

Virtual Vision of Miami, Inc.

999000097680

FILED

98 MAR -2 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-10-97

2. Principal Place of Business

2a. Mailing Address

21 4995 NW 72 avenue

26

4. FEI Number

65-0786245

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

24 Miami FL

29

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

25 Zip

Country

30 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Ronald N.M. Nascimento

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

7904 W Drive, # 1016

83

84 City

Miami

FL

Zip Code

33147

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

FEB 26, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME Harold J. Altamirano

STREET ADDRESS 4995 NW 72 ave., # 306

CITY-ST-ZIP Miami, FL 33166

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

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 P, D Ronald N.M. Nascimento

1.3 STREET ADDRESS 4995 NW 72 avenue, # 306

1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Fahiola Falcao Farias

2.3 STREET ADDRESS 4995 NW 72 ave., # 306

2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

200002446252--3

03/03/98-01104-021

\*\*\*\*\*158.75 \*\*\*\*\*158.75

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(f), 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 Block 14 if added.

SIGNATURE:

*[Signature]*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 26, 1998

DATE

CR001234 (10/97)