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FILED

Apr 08 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 # P97000105879 (5)

1. Corporation Name

PRISM T., INC.



Principal Place of Business

Mailing Address

100 LINCOLN ROAD, STE 1443  
MIAMI BEACH FL 33139

100 LINCOLN ROAD, STE 1443  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1997

4. FEI Number

65-0902218

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 5101 COLLINS AVE.

Suite, Apt. #, etc.

22 SUITE 6H

City & State

23 MIAMI BEACH, FL

24 33140

25 USA

2a. Mailing Address

26 5101 COLLINS AVE

Suite, Apt. #, etc.

27 SUITE 6H

City & State

28 MIAMI BEACH, FL

29 33140

30 USA

9. Name and Address of Current Registered Agent

TASCHETTI, VINCENT  
100 LINCOLN ROAD, STE 1443  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

TASCHETTI, VINCENT

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

5101 COLLINS AVE, STE. 6H

83

84 City MIAMI BEACH

FL

85 Zip Code 33140

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

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE PD  
NAME TASCHETTI, VINCENT  
STREET ADDRESS 100 LINCOLN ROAD, STE 1443  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD  
1.2 NAME TASCHETTI, VINCENT  
1.3 STREET ADDRESS 5101 COLLINS AVE SUITE 6H  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

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.

SIGNATURE:

Vincent Taschetti

4/1/98

305-865-3332

CR2E034 (10/97)