

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000020849

1. Corporation Name

V.I.S.A. MANAGEMENT GROUP, INC.

Principal Place of Business

17290 NE 19 AVE
N. MIAMI BEACH FL 33162-2210

Mailing Address

17290 NE 19 AVE
N. MIAMI BEACH FL 33162-2210

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90092 021 ***150.00

08-06-1999 90010 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

65-0832442

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.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALMAN, MARTIN H
17290 NE 19 AVE
N. MIAMI BEACH FL 33162-2210

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 DVS
NAME KAMINSKA, VALENTINA
STREET ADDRESS 17290 NE 19 AVE
CITY-ST-ZIP N. MIAMI BEACH FL 33162-2210

☐ DELETE

TITLE DP
NAME FRUMAN, VYACHESLAV
STREET ADDRESS 17290 NE 19 AVE
CITY-ST-ZIP N. MIAMI BEACH FL 33162-2210

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

602454-90010-32
P08000020849

To: Dept. of State of Florida

PLEASE BE ADVISED THAT I DID NOT RECEIVE THE ORIGINAL MAILING OF THE TWO ANNUAL REPORTS ENCLOSED, DUE TO A PROBLEM WITH MY SON'S EX-WIFE, SHE MAY HAVE TAKEN THEM, THINKING THAT IT WOULD GIVE HER CONTROL + OWNERSHIP OF THE BUSINESS. (HER NAME IS VERA POTEKINA)

PLEASE ACCEPT THE ENCLOSED TWO FORMS + CHECKS.

THANK YOU.

VALENTINA KAMINSKA