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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000066916

1. Corporation Name
4D ARCHITECTS OF VISUAL TECHNOLOGY, INC.



Principal Place of Business
**400 LESLIE DRIVE #318
 HALLANDALE FL 33009**

Mailing Address
**400 LESLIE DRIVE #318
 HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1998

4. FEI Number
65-0953708

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 1360 COLLINS AVE
 Suite, Apt. #, etc.
22 201
 City & State
23 MIAMI BEACH, FL
 Zip Country
24 33139 25

2a. Mailing Address
26 1360 COLLINS AVE
 Suite, Apt. #, etc.
27 201
 City & State
28 MIAMI BEACH, FL
 Zip Country
29 33139 30

9. Name and Address of Current Registered Agent
**NOFIL, JOSPEH K C.P.A.
 3284 NORTH STATE ROAD 7
 LAUDERDALE LAKES FL 33319**

10. Name and Address of New Registered Agent
81 Name ERIC M. BLUMBERG
82 Street Address (P.O. Box Number is Not Acceptable) 1360 COLLINS AVE
83 #201
84 City MIAMI BEACH FL 85 Zip Code 33139

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 **ERIC M. BLUMBERG** **04.22.99**
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	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	QUIMPER, LIZETTE E	
STREET ADDRESS	400 LESLIE DRIVE #318	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BLUMBERG, ERIC MARC	
STREET ADDRESS	1424 OCEAN DRIVE #102	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, PATRICIA L	
STREET ADDRESS	2030 S. OCEAN DRIVE #64	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RUMIANO, MARIO	
STREET ADDRESS	400 LESIE DRIVE #318	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASTELLON, LUIS M	
STREET ADDRESS	1010 W. 47TH STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLUMBERG, ERIC MARC	
1.3 STREET ADDRESS	1360 COLLINS AVE #201	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	CASTELLON, LUIS M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASTELLON, LUIS M	
2.3 STREET ADDRESS	400 LESIE	
2.4 CITY-ST-ZIP		
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CASTELLON LUIS M	
3.3 STREET ADDRESS	1010 W 47TH STREET	
3.4 CITY-ST-ZIP	HIALEAH FL 33012	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ERIC M. BLUMBERG** **04.24.99** **305 596 4724**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)