

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 25, 1999 8:00 am
Secretary of State

03-25-1999 90061 015 ***158.75

DOCUMENT # **P98000107447**

1. Corporation Name

ERAVISION INTERNATIONAL CORP.



Principal Place of Business

**380 WEST 31ST STREET
HIALEAH FL 33012**

Mailing Address

**380 WEST 31ST STREET
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1998

2. Principal Place of Business

2a. Mailing Address

21 33 West 22 Street

26 33 West 22 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apto # 4

27 Apto # 4

City & State

City & State

23 Hialeah, Fl

28 Hialeah, Fl

Zip Country

Zip Country

24 33010

25 U.S.A

29 33010

30 U.S.A

4. FEI Number
65-0885245

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

9. Name and Address of Current Registered Agent

**ECHEZABAL, ERASMO
380 WEST 31ST STREET
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name
Echezabal Erasmo

82 Street Address (P.O. Box Number is Not Acceptable)
33 West 22 Street Apto # 4

83

84 City
Hialeah

FL

85 Zip Code
33010

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 **ERASMO ECHEZABAL**

3/06/99
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **ECHEZABAL, ERASMO**
STREET ADDRESS **380 WEST 31ST STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☒ DELETE
NAME **MARTIN, MARIA D**
STREET ADDRESS **380 WEST 31ST STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

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 **P.D.** ☒ Change ☐ Addition
1.2 NAME **Echezabal Erasmo**
1.3 STREET ADDRESS **33 West 22 Street Apto # 4**
1.4 CITY-ST-ZIP **Hialeah, Fl 33010**

2.1 TITLE **V.P.D.** ☒ Change ☐ Addition
2.2 NAME **Martin Maria D**
2.3 STREET ADDRESS **33 West 22 Street Apto # 4**
2.4 CITY-ST-ZIP **Hialeah, Fl 33010**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99
Date

(305) 882-3942
Daytime Phone #

CR2034 (11/98)