

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108339

1. Entity Name

VISUAL EXPRESS CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90859 001 ***300.00

Principal Place of Business C/O A Z REGISTERED AGENT CORPORATION 2601 S BAYSHORE DR., SUITE 1600 MIAMI FL 33133	Mailing Address C/O A Z REGISTERED AGENT CORPORATION 2601 S BAYSHORE DR., SUITE 1600 MIAMI FL 33133
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3550 BISCAYNE BLVD Suite, Apt. #, etc. SUITE 704 City & State MIAMI FL Zip 33137		3. Mailing Address 3550 BISCAYNE BLVD Suite, Apt. #, etc. STE 704 City & State MIAMI FL Zip 33137		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent A Z REGISTERED AGENT CORPORATION 2601 S BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN / DIRECTOR MICHAEL ZWISLOCK 3550 BISCAYNE BLVD. #704 MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR EUGENE ROSEV 3550 BISCAYNE BLVD. #704 MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / CHIEF FINANCIAL OFFICER CLINTON H. SWYDER 3550 BISCAYNE BLVD #704 MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clinton H. Swyder SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 5/1/00
 Daytime Phone #: 305-572-0575

CR2E034 (9/99)