

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90009 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S03670

1. Corporation Name
 VISION INDUSTRY PRODUCTS, INC.

Principal Place of Business 6977 N.W. 82 Avenue Miami, FL 33166	Mailing Address SAME
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified	Applied For
10/02/1990	Not Applicable
4. FEI Number	
65-02-18329	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROTH, LEON
 10651 N KENDALL DR
 MIAMI, FL 33176

10. Name and Address of New Registered Agent

81 Name	ROTH, LEON
82 Street Address (P.O. Box Number is Not Acceptable)	13701 S.W. 12th Street
83	SUFFOLK BUILDING #A
84 City	PEMBROKE PINES FL
85 Zip Code	33027

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

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PLAZA, JULIAN	
STREET ADDRESS	6977 N.W. 82 Ave. Miami, Fl	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ENGLE, AL	
STREET ADDRESS	11340 S.W 156 Ave, Miami, Fl	
CITY-ST-ZIP		
TITLE	V.	<input type="checkbox"/> DELETE
NAME	ROTH, LEON	
STREET ADDRESS	4820SW 82 Ave. Miami, Fl	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ENGLE, GAYLE	
1.3 STREET ADDRESS	11340 SW 156 Ave. Miami, FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROTH, LEON	
2.3 STREET ADDRESS	13701 SW 12 St. Pembroke Pines, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ENGLE, CHRIS	
3.3 STREET ADDRESS	6612 Miami Lakes DR. Miami, FL	
3.4 CITY-ST-ZIP		
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 *Gayle Engle* Gayle Engle 2/9/99 (305) 591-5828

CR2E034 (11/98)