


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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/02/1990	Applied For
4. FEI Number 65-02-18329	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
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)