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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED May 14 1998 8:00am Secretary of State

VIZCA	YA LANDSURVEYOR INC.					
Principal Place of Business Mailing Address					71.71	
13217 SW 46 LN Miami FL 33175-1382 US		13217 SW 46 LN Miami Fl 33175-1382 US			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
2. Principal P	Place of Business	2a. Mailing Address			03/15/1991 4. FEI Number Applied For	
21		26			65-0262240 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SS 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current		30	Τ		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		i itogratorea Agent		Bi	Name	10. Name and Address of her frequency Agent
	VAREZ, JORGE			Ш		
	390 SW 157TH TERR AMI FL 33187			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
1 77 16.	AMI FL 3316/			83		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	pove	named co	
office or r	re gister ed agent, or both, in the State (im fami liar with, and accept the oblica	of Florida. Such change was a tions of, Section 607. 0505 , Flo	uthorize rida Stat	d by lutes.	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,					
	Signature, typied or printed name of riigistimed ager			d Agen	nt signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD PAULON 5	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, RAMON E.		1.2 NAME			İ
STREET ADDRESS	13217 SW 46 LN		1.3 STREET ADDRESS		1	ا
CITY-ST-ZIP TITLE	MIAMI FL 33175-1382 VD	DELETE		1,4 CITY+ST-ZIP 2,1 TITLE		Change Addition
NAME	GONZALEZ, RMIRTHA B.	□ otecic		2.2 NAME		Consulto Consulto
STREET ADDRESS	13217 SW 46 LN		2.3 STREET ADD		IUDBEGG	
CITY-ST-2#P	MIAMI FL 33175-1382		2.4 CHY-S			\
TITLE	1 D	DELETE		3.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, LORRAINE E.		3.2 NAME			
STREET ADDRESS	13217 SW 46 LN		3.3 STREET		ADDRESS	
CITY-ST-Z#P	MIAMI FL 33175-1382			ITY-ST	r- ZIP	
TITLE	\$D	DELETE	4.1 TITLE			Change Addition
NAME	GONZALEZ, MIRTHA C.		4. 2 NAME		1	}
STREET ADDRESS	13217 SW 46 LN		4.3 STREET		ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1382		4.4 CITY - ST - ZIP		- ZIP	
TITLE	٧D	☐ DELETE	5.1 TI	5.1 TITLE		☐ Change ☐ Addition
NAME	TOIRAC, ARTURO R		5.2 NAME		[ļ
STREET ADDRESS	6423 COLLINS AVE.		5.3 STREET ADE			
CITY-ST-ZIP	MIAMI BCH. FL	DELETE		5.4 CiTY-ST-ZiP		
TITLE		DELETE	6.1 Th			☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS					DDRESS	
CITY-ST-ZIP			6.4 CI	TY-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 the analysis and attachment with an address.

4/24/98 305 (223-6060)