SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92350** **(5)**

1. Corporation Name
VISPA CORP.

Principal Place of Business	Mailing Address
11710 NW SO. RIVER DR SUITE 200 MEDLEY FL 33178	11710 NW SO. RIVER DR SUITE 200 MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/06/1991**
3a. Date of Last Report: **04/20/1994**

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

4. FEI Number: **65-0361314** ☐ 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 has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAMELA M MIDDLEBROOKS ESQ
2734 E OAKLAND PARK BLVD
SUITE 200
FT.LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PSTD**	1.1 TITLE	☐ Change ☐ Addition
NAME	**DE VARONA, ROBERT**	1.2 NAME	
STREET ADDRESS	**4918 NW 47TH AVE**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**COCONUT CREEK FL 33073**	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Vice President/Director ☐ Change ☒ Addition
NAME		2.2 NAME	John C de Lage
STREET ADDRESS		2.3 STREET ADDRESS	1422 N.W. 97th Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Springs, Fl. 33073
TITLE		3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME		3.2 NAME	Donald Schiavon
STREET ADDRESS		3.3 STREET ADDRESS	14430 S.W. 63rd Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cooper City, Fl. 33330
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert de Varona Pres. **Robert de Varona, President** 7-10-95 (305) 826-1004
Name and Title of Officer or Director Date Area Code & Daytime Phone Number

0062268 CP