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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V11721 1. Corporation Name

VISUAL	PRESENTATIONS INC.				
Principal Plac	e of Business	Mailing Address			THE BIRTH BIRTH BIRTH BIRTH BIRTH 1981
15304 SW 111 ST. 15304 SW 111 ST. MIAMI FL 33196 US US				DO NOT WRITE IN T	HIS SPACE
	•			Date Incorporated or Qualifed 02/03/1992	
2 Principal F	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21		26	•	65-0324965	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New Register	ed Agent
SAI	AZAR, NORA		81 Name		
	A SW 111 ST		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
, MIAMI FL 33196			83	· 海上 李紹 在 电影 经基本	
	一群大部落 新竹叶树	·	04 00		85 Zip Code
			84 City	. F	S5 Zip Code
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was :	authorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE					
			E: Registered Agent signature reg	puired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	***************************************
TITLE	D .	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	SALAZAR, NORA	_	1.2 NAME	• •	<u> </u>
STREET ADDRESS	15304 SW 111 ST.		1.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME ·	,		2.2 NAME		
STREET ADDRESS		•	2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	•	•
TITLE	2 6 112 .	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	Professional Communication (Communication Communication Co		3.3 STREET ADDRESS		romania de la compansión de la compansió
CITY-ST-ZIP	1 · · · · · · · · · · · · · · · · · · ·		3.4. CITY-ST-ZIP		
TITLE			4.1 TITLE		. Change Addition
NAME TOTAL	1::	C DELETE			
STREET ADDRESS		OELETE .	4. 2 NAME	•	
CITY-ST-ZIP		C DELETE	4. 2 NAME 4.3 STREET ADDRESS		
TITLE			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
NAME .		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	Sherries rank	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP	State of the State		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		

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 of supplemental annual report is true and protection of that may signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or tustee empowers to executely this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment put many directors, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90020 015 ***150.00