FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33045 (8)

1. Corporation Name
VIS HOLDINGS CORP.

Principal Place of Business	Mailing Address
4205 SALZEDO ST CORAL GABLES FL 33146	4205 SALZEDO ST CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 02/18/1994

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

4. FEI Number: 65-0380218 ☐ 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

SCOPETTA, GEORGE M.
4205 SALZEDO ST
CORAL GABLES FL 33146

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	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCOPETTA, GEORGE M.	1.2 NAME	George M. Scopetta	
STREET ADDRESS	4205 SALZEDO ST	1.3 STREET ADDRESS	4205 Salzedo St.	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SCOPETTA, JOHN R.	2.2 NAME	John R. Scopetta	
STREET ADDRESS	4205 SALZEDO ST	2.3 STREET ADDRESS	4205 Salzedo St.	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		3.1 TITLE	V	☐ Change ☒ Addition
NAME		3.2 NAME	Ted Kirk	
STREET ADDRESS		3.3 STREET ADDRESS	4205 Salzedo St.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		4.1 TITLE	S/T	☐ Change ☒ Addition
NAME		4.2 NAME	Carlos L. Fernandez	
STREET ADDRESS		4.3 STREET ADDRESS	4205 Salzedo St.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		5.1 TITLE	AS/AT	☐ Change ☒ Addition
NAME		5.2 NAME	Marlene Martinez	
STREET ADDRESS		5.3 STREET ADDRESS	4205 Salzedo St.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: _____ George M. Scopetta 4/12/95 (305) 567-2630
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

0180301 CP