

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V33045 (8)
1. Corporation Name
VIS HOLDINGS CORP.



Principal Place of Business
1525 N.W. 167 ST.
150
MIAMI 33 33169
US

Mailing Address
1525 N.W. 167 ST.
150
MIAMI 33 33169-5131
US

3. Date Incorporated or Qualified
05/01/1992

3a. Date of Last Report
05/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0380218	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, GEORGE M.	1.2 NAME	
STREET ADDRESS	4205 SALZEDO ST	1.3 STREET ADDRESS	1525 N.W. 167 St. #150
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, FL. 33169
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, JOHN R.	2.2 NAME	
STREET ADDRESS	4205 SALZEDO ST	2.3 STREET ADDRESS	1525 N.W. 167 Street #150
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Miami, FL. 33169
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, TED	3.2 NAME	
STREET ADDRESS	4205 SALZEDO ST.	3.3 STREET ADDRESS	1525 N.W. 167 Street #150
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami, FL. 33169
TITLE	ST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, CARLOS L	4.2 NAME	
STREET ADDRESS	4205 SALZEDO ST.	4.3 STREET ADDRESS	1525 N.W. 167 Street #150
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Miami, FL. 33169
TITLE	ASAT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MARLENE	5.2 NAME	
STREET ADDRESS	4205 SALZEDO ST.	5.3 STREET ADDRESS	1525 N.W. 167 Street #150
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Miami, FL. 33169
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____

CR2E034 (9/96)