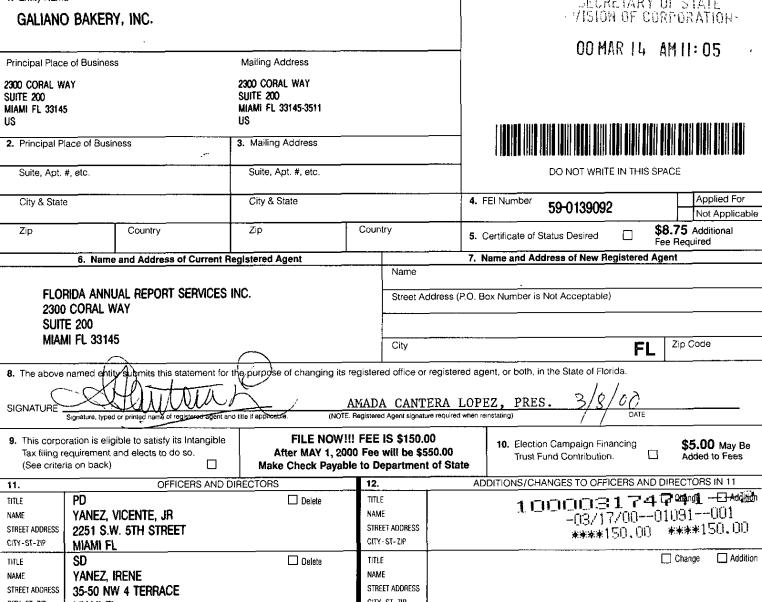
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 399757 1. Entity Name

FILEU LEURCIARY OI STATE VISION OF CORPORATION



CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition Delete TITLE GARCIA, ELENA NAME NAME STREET ADDRESS STREET ADDRESS 251 N.W. 36 CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE END APPENTED NAME ENSIGNING OFFICER OR DIRECTOR

3/8/00

Daytime Phone #

CR2E034 (9/