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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED May 04, 1999 8:00 am

ANN	NUAL REPORT 1999		Secretary DIVISION OF CO	of State	Secretary of State 05-04-1999 90068 027 ***150.00		
		- 67 -	21 (101011 0) O		05-04-1999 90068 0	27 ***150	0.00
DOCU 1. Corporation	MENT # /	5766	,7 -				
Vision Brillat, Inc					* 4 478164 - 90068 - 27 **	<u>-</u>	<i>ي</i> ا
Dringing Dis	ce of Business'	And the second of the second o	Mailing Address	· · · · · · · · · · · · · · · · · · ·			
		100 11	Maning Address				
965	3 3. U/A	GK 17WY	•	15 2. 1	· *		
#212					DO NOT WRITE IN THIS	SPACE	
Mic	ami, FL	33/1	6		3. Date Incorporated or Qualified		
2. Principal F	Place of Business		2a. Mailing Address		4. FEI Number	Ap	plied For
21)'	# -1-	2	26		59-2151672		t Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re	I
City & Star	te	Ī	City & State		6. Election Campaign Financing	\$5.00	May Re
23		1	28		Trust Fund Contribution	Added to	
Zip	Country		Zip	Country	8. This corporation owes the current year In		=
24	25			0	Personal Property Tax.		□No
011	9. Name and Addre	ss of Current Re	gistered Agent	04 Name)10. Name and Address of New Registered	Agent	
Miguel H. Drizuela 181 Name							i
9655 S. Dixie Huy. #212 82 Street Address (P.O. Box Number is Not Acceptable)							
9655 3. 01712 1709. 470							
Mrami, Pl 33156 84 City					F1	85 Zip C	code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora					FL		rogistored
office or r	registered agent, or both,	in the State of FI	orida. Such change was auti	horized by the corporat	ion's board of directors. I hereby accept the appoi	ntment as reç	istered
=	im ramiliar with, and acce	pt the obligations	of, Section 607.0505, Florid	ia Statutes.			
SIGNATURE	Signature, typed or printed name	of registered agent and	title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) DATE) <u>-</u>
12.	OI	FFICERS AND D	RECTORS	, 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	
TITLE	PSTD 0	A RAS	ruda DELETE Hoy. #2/2	1.1 TITLE		☐ Change	☐ Addition 3
NAME	migues	7. 13/0	H 2/2	1.2 NAME			3
STREET ADDRESS	9681 5	DIXIG	7,04.47.12	1.3 STREET ADDRESS			[
CITY-ST-ZIP	Miami.	FL 33) / <i>> &</i>	1.4 CITY-ST-ZIP			
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NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			ļ
CITY-ST-ZIP TITLE			☐ DELETE	2.4 CITY-ST-ZIP		☐ Change	Addition
				3.1 TITLE		□ Change	
STREET ADDRESS			,	3.3 STREET ADDRESS			
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CITY-ST-ZIP				4.4 CITY-ST-ZIP			ĺ
TITLE			☐ DELETE	5.1 TITLE	-	☐ Change	Addition
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STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			☐ DELETE	6.1 πTLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			
14 I bereby c	ertify that the information	supplied with thi	e filing done not qualify for th	a examption stated in	Section 119 07(3)(i) Florida Statutes, Lifurther cert	ify that the in	formation

I nereby 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 informatic 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 of 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, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR