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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N94000005259 (6)

1. Corporation Name

EMPOWERING THE VISION, INC.

Principal Place of Business	Mailing Address
10800 SW 135 TERRACE MIAMI FL 33176	10800 SW 135 TERRACE MIAMI FL 33176-6062

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report: 08/05/1996
4. FEI Number: 65-0622266 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address — 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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

DELROSARIO, JACQUELINE
10800 SW 135 TERRACE
MIAMI FL 33176

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	DELROSARIO, JACQUELINE		1.2 NAME	Calin, Peter	
STREET ADDRESS	10800 SW 135 TERRACE		1.3 STREET ADDRESS	2625 Ponce de Leon Suite 280	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	ROGNER, KIM DR.		2.2 NAME	Druchman, Sandra	
STREET ADDRESS	9370 SUNSET DR., SUITE A-150		2.3 STREET ADDRESS	3210 Brickell Avenue	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	Miami, FL 33129	
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	PRETE, CARY		3.2 NAME	Leonard, Rebecca Esq.	
STREET ADDRESS	4301 SEGUOVIA		3.3 STREET ADDRESS	6001 N.W. 7th Avenue	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Miami, FL 33127	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	MCCLURE, FRAN		4.2 NAME	Schlafke, Maria	
STREET ADDRESS	7945 SW 173 TERR		4.3 STREET ADDRESS	3475 W. Flagler St. 2nd Floor	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33135	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	PUGH, JACQUELINE A		5.2 NAME	O'Neil, Tony	
STREET ADDRESS	ONE HERALD PLAZA		5.3 STREET ADDRESS	FIU/Athletics Dept./University Park	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33199	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Price, Danny	
STREET ADDRESS			6.3 STREET ADDRESS	FIU/Baseball coach/University Park	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, FL 33199	

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 617, Florida Statutes; and that my name appears in Block ~~12 or~~ Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED [signature] 2-24-97 (305) 235 1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0032927

CR2E037 (9/96)

Block 13. (continued)

7.1	Title:	D
7.2	Name:	Lauderdale, Minnie
7.3	Street Address:	1360 S. Dixie Highway
7.4	City-State-Zip:	Coral Gables, FL 33146