FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400005259 1. Corporation Name

EMPOWERING THE VISION, INC.

Principal Place of Business

Mailing Address

FILED Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90042 018 ****61.25

|--|

10800 SW 135 TERRACE MIAMI FL 33176		10800 SW 135 TERRACE MIAMI FL 33176								
2. Principal Pl	ace of Business	2a. Mailing Address		_		3. Date Incorporated or Qualifed			· ·	
21		26				10/21/1994 4. FEI Number	· · · · · ·	·	lied For	
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			65-0622266		<u> </u>	Applicable		
22		27 City & Ctata				05-0022200		\$8.75 A		
City & State	e	City & State	8			5. Certificate of Status Desired		Fee Rec	quired	
Zip	Country Zip Co			ry		6. Election Campaign Financing		\$5.00		
24 25 29 30						Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registere	d Agent		
			8	31	Name				_	
DELROSARIO, JACQUELINE				12	Street /	Address (P.O. Box Number is Not Accept	able)			
10800 SW 135 TERRACE				13						
miami FL	33176			\perp				· · · · · · · · · · · · · · · · · · ·		
			8	34	City		F	85 Zip C	ode	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 617.0503, Flori	ida Statute	es.	ie corpc	corporation submits this statement for the oration's board of directors. I hereby acce	purpose pt the app	of changing its reg	egistered istered	
-46	Signature, typed or printed name of registered agent		Registered Ag	gent s	ugnature r	equired when reinstating) ADDITIONS/CHANGES TO OF		AND DIRECTOR	RS IN 12	
12.	OFFICERS AND	DELETE	1,1 TITLE		1	ADDITIONAL TO U.		Change	Addition	
TITLE	P	L.J DELETE				- · · · · ·	•			
NAME	DELROSARIO, JACQUELINE		1.2 NAMI				٧.	•		
STREET ADDRESS	10800 SW 135 TERRACE				DDRESS			•		
CITY-ST-ZIP	MIAMI FL		1.4 CITY		ZIP	<u> </u>		Change	Addition	
TITLE	D	☐ DELETE	2.1 TTLE				,	□ Originge		
NAME	ROGNER, KIM DR.		2.2 NAM					•		
STREET ADDRESS	9370 SUNSET DR., SUITE A-150				DORESS					
CITY-ST-ZIP	MIAMI FL 33176		2. 4 C/TY		ZIP			☐ Change	Addition	
TITLE	D	☐ DELETE	3.1 TITLE						□ ¥0000001	
NAME	Calin, Peter		3.2 NAM	E						
STREET ADDRESS	2625 PONCE DE LEON BLVD., STE. 280			EETA	DDRESS				•	
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY		ZiP				T A delition	
TITLE	D	☐ DELETE	4.1 TITLE	E		D		⊠ Change	☐ Addition	
NAME	CRUCHMAN, SANDRA		4. 2 NAM	Æ		Druckman, Sandra 3210 Brickell Ave.			.	
STREET ADDRESS	3210 BRICKETT AVE		4.3 STRE	EETA	DORESS	3210 Brickell Ave.				
· CITY-ST-ZIP	MIAMI FL		4.4 CITY	-ST-		Miami, FL				
TITLE	D	□ DELETE	5.1 TITU				•	☐ Change	Addition	
NAME	PUGH, JACQUELINE A		5.2 NAM				•			
STREET ADDRESS	ONE HERALD PLAZA		5.3 STRE	EETA	ODRESS					
CITY-ST-ZIP	MIAMI FL		5.4 CITY	'-\$T-	ZIP	<u> </u>	·			
TITLE	D	☐ DELETE	6.1 TITLE	E				Change	☐ Addition	
NAME	LEONARD, REBECCA E		6.2 NAM	Æ						
STREET ADDRESS	I		6.3 STRE	EET A	DDRESS					
OTHER ADDRESS	OUT N.W. / III AVE.		BACTTV	et.	סמס	}			ĺ	

14. I 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, with all other like empowered.

SIGNATURE:



305)232-6003