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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S13684

VISION 20/20 OF MIAMI, INC.

•	e of Business	Mailing Address				
8309 W FLAGL MIAMI FL 3314 US		8309 W FLAGLER ST MIAMI FL 33144 US		DO NOT WRITE IN THIS SE	PACE	
50				3. Date Incorporated or Qualifed		
		• • •		11/19/1990		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0295665	Not Applicable	3
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	į
22 _		27		5. Certificate of Status Desired	Fee Required	
City & Stat	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	gjøle	
24	25	29	30	Personal Property Tax.	Yes □No	
<u> </u>	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered Ag	jent	
			81 Name	•		
	ARLY, RUBENS		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	5 WA-KEE-NA DRIVE		UZ Silect Aut	Sices (F.O. Box Hamber is Not Nobellation)		
COC	CONUT GROVE FL 33133		83	· · · · · · · · · · · · · · · · · · ·	(3) 种。(3) 种图	
			04 05	3 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code	
			84 City	FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the purpose of ch	anging its registered	
office or i	registered agent, or both, in the State	of Florida. Such change was a tions of Section 607,0505. Florida	authorized by the corporal lorida Statutes.	poration submits this statement for the purpose of chicon's board of directors. I hereby accept the appointment	ment as registered	
		, , , , , , , , , , , , , , , , , , ,				
SIGNATURE	Signature, typed or printed name of registered ager					
	Signature, typed or printed name or registered ager	nt and title if applicable. (NOT	FE: Registered Agent signature requi	red when reinstating) DATE		í
12.		nt and title if applicable. (NOT ID DIRECTORS	E: Registered Agent signature requirements 13.	ADDITIONS/CHANGES TO OFFICERS AND		(00)
12.				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition	(44)(00)
	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		(00/,44/,70
TITLE :	OFFICERS AN PSD TABARLY, RUBENS	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND		(40)/60/
TITLE NAME STREET ADDRESS	OFFICERS AN PSD TABARLY, RUBENS 1735 WA-KEE-NA DRIVE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND		100/14/1/00/
TITLE .	OFFICERS AN PSD TABARLY, RUBENS	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND		VD05477400
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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 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME · STREET ADDRESS

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90017 031 ***150.00

☐ Addition