

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004795

**Entity Name:** GROUP VISION MARIEN, INC.

**Current Principal Place of Business:**

864 NE 90TH ST.  
MIAMI, FL 33138

**Current Mailing Address:**

864 NE 90TH ST.  
MIAMI, FL 33138

**FEI Number: 30-0258301**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOSEPH, ANCELEAU  
864 NE 90TH ST.  
MIAMI, FL 33138 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JOSEPH, ANCELEAU  
Address 864 NE 90TH ST.  
City-State-Zip: MIAMI FL 33138

Title ASST. TREASURER  
Name ROMONDT, RONALD  
Address 8490 NW 28TH STREET  
City-State-Zip: SUNRISE FL 33322

Title VP  
Name JOSEPH, APPOLON  
Address 9278 NW 1ST STREET  
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY  
Name THELUSMA, ANNA ROMILDA  
Address 1596 SE 20TH RD  
City-State-Zip: HOMESTEAD FL 33035

Title TREASURER  
Name VASSOR, FONTENEL JEAN  
TREASUSER  
Address 7601 CORAL BLVD  
City-State-Zip: MIRAMAR FL 33023

Title CORRESPONDING SECRETARY  
Name JEAN FRANCOIS, WYSLER  
Address 5600 SPINE ISLAND RD  
City-State-Zip: DAVIE FL 33328

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANCELEAU JOSEPH**

**PRESIDENT**

**02/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date