CORPC ANNUAL	OFIT DRATION L REPORT	DIV	IDA DEPARTMI Sandra B. M Secretary of VISION OF COR	ortham f State				
OCUMI Corporation Na BOB S1	ENT # 2546 TONE, INC.	586	(9)					
incipal Place of 820 N.E. 178 MIAMI FL 331	\$ <u>T.</u>	Maling Addre BOX 640 MIAMI FL			3. Date incorporated or Qualified	3a. D	eate of Last Re	OQ4
					3. Date 17705/1962 or Qualified		oate 03/27/19	39 5
Principal Place	of Business	2a. Mailing As	ddress	,, , , , , , , , , , , , , , , ,	4. FEI NUMBE 0973293		├	Applied For
Suite, Apr. #, 6	NOSE MANT	Suite, Apt	#, etc. 5/1/	112	Certificate of Status Desired		\$8.75	Not Applicable Additional Required
City & State MIAN	40 u1 FL	27 City & Sta	ite A	3000	Election Campaign Financing Trust Fund Contribution		Added	May Be I to Fees
Zp 33/2	Country (1) A D C	Ζιρ 29	30	Country		s 🔲 No)	199.032,
	9. Name and Address of Curr	rent Registered Age	ent	81 Name	10. Name and Address of New	negister	ed Agent	
STONE,				82 Street Add	ress (P.O. Box Number is Not Accepta	ible)		
	. 178 ST.							
S INDANA	1 22460			L.				
MIAMI F	FL 33162			83				Code
		502 and 607 1508 FL	orida Statutes, t	B4 City			-L	o Code egistered offic
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 certify that the information indicated on this annual report 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TRAVE OF SIGNING OFFICER OR DIRECTOR