SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000004207 (6)**

1. Corporation Name
UNITED VISION GROUP OF PUERTO RICO, INC.

Principal Place of Business	Mailing Address
SUITE 100 6500 NW 15TH AVENUE FT LAUDERDALE FL 33309	SUITE 100 6500 NW 15TH AVENUE FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report: 07/26/1995

2. Principal Place of Business — 21: 2424 N. Federal Hwy
Suite, Apt. #, etc — 22: #362
City & State — 23: Boca Raton, FL
Zip — 24: 33431 Country — 25: USA

2a. Mailing Address — 26: 2424 N. Federal Hwy
Suite, Apt. #, etc — 27: #362
City & State — 28: Boca Raton, FL
Zip — 29: 33431 Country — 30: USA

4. FEI Number: 65-0403225 ☐ Applied For ☐ Not Applicable

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

BURGER, ALAN M ESQUIRE
9990 SW 77 AVENUE PH-5
MIAMI FL 33156

m

10. Name and Address of New Registered Agent

81 Name: Kathryn Dillon
82 Street Address (P.O. Box Number is Not Acceptable): 2424 N. Federal Hwy
83: Suite 362
84 City: Boca Raton **FL** 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kathryn Dillon — KATHRYN DILLON — 06/10/96
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	C	☒ DELETE	11 TITLE	DC	☐ Change ☒ Addition
NAME	KAPLAN, JAN		12 NAME	James R. Cook	
STREET ADDRESS	6500 NW 15TH AVENUE, SUITE 100		13 STREET ADDRESS	2424 N. Federal Hwy., Suite 362	
CITY-ST-ZIP	FT LAUDERDALE FL		14 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	21 TITLE	DV	☐ Change ☒ Addition
NAME			22 NAME	Peter Molinaro, Jr	
STREET ADDRESS			23 STREET ADDRESS	2424 N. Federal Hwy., Suite 362	
CITY-ST-ZIP			24 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	31 TITLE	DVT	☐ Change ☒ Addition
NAME			32 NAME	Vincent C. Manopoli	
STREET ADDRESS			33 STREET ADDRESS	2424 N. Federal Hwy., Suite 362	
CITY-ST-ZIP			34 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME			42 NAME	JR Damron, Jr	
STREET ADDRESS			43 STREET ADDRESS	2424 N. Federal Hwy., Suite 362	
CITY-ST-ZIP			44 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	51 TITLE	S	☐ Change ☒ Addition
NAME			52 NAME	Kathryn Dillon	
STREET ADDRESS			53 STREET ADDRESS	2424 N. Federal Hwy., Suite 362	
CITY-ST-ZIP			54 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 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: JR Damron — 6/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

JR Damron VP — Daytime Phone #