

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2424 N FEDERAL HWY
#362
BOCA RATON FL 33431
US

Mailing Address

2424 N FEDERAL HWY
#362
BOCA RATON FL 33431-7749
US

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

06/18/1996

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

DILLON, KATHRYN
2424 N FEDERAL HWY
SUITE 362
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, JAN	
STREET ADDRESS	6500 NW 15TH AVENUE, SUITE 100	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	COOK, JAMES R	
STREET ADDRESS	2424 N FEDERAL HWY SUITE #362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MOLINARO, PETER J	
STREET ADDRESS	2424 N FEDERAL HWY SUITE 362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	MANOPOLI, VINCENT C	
STREET ADDRESS	2424 N FEDERAL HWY SUITE 362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAMRON, JR J	
STREET ADDRESS	2424 N FEDERAL HWY SUITE #362	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DILLON, KATHRYN	
STREET ADDRESS	2424 N FEDERAL HWY., SUITE 362	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Molinaro, Peter J. Jr.
3.3 STREET ADDRESS	2424 N. Federal Hwy Ste 362
3.4 CITY-ST-ZIP	Boca Raton FL 33431-7749
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Damron, J Richard Jr.
5.3 STREET ADDRESS	2424 N. Federal Hwy, Ste 362
5.4 CITY-ST-ZIP	Boca Raton FL 33431-7749
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Prelaz, John
6.3 STREET ADDRESS	2424 N. Federal Hwy, Ste 362
6.4 CITY-ST-ZIP	Boca Raton FL 33431-7749

14. I do 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.

SIGNATURE:

JR Damron, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 561-395-5402

Date

Daytime Phone #

CR2E034 (9/96)