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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G31559

(9)

FILED Apr 27 1998 8:00am Secretary of State

| VISION EXPORT, INC. | | | | | | | | | | 4 1884 NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Dan Bilbir Bilbir | ((((() () () () () () () () (| EJA BIBIN KARI | | |
|--|--|--------------|----------------|-----------------------------|---------------------|------|---------------------------------------|------------------------|---|---|---|--|-------------------|-----------------------------|--|
| | | | | | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | s jameite mann sient atamt meint atter | 817 97311 9191 | 1 8187F DIVIL UII | 6(1 E1E11 (#B) | |
| 2315 NW 107TH AVENUE 2315 NW 107TH AVENUE 1M-30. BOX 124 | | | | | | | | | | | | | | | |
| MIAMI FL 33172 MIAMI FL 33172 | | | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| us us | | | | | | | | | | 3. | Date Incorporated or Qualified | | | | |
| - | 2. Principal Place of Business 2a. Mailing Address | | | | | | | | | | 04/04/1983 FEI Number | | | antial fac | |
| 21 | riincipai r | INCH OF DUSI | 11065 | ├ | 26 26 | | | | | - | 59-2288418 | | | pplied For ot Applicable | |
| ŀ | Sulte, Apt. | #, etc. | | 201 | Suite, Apl. #, etc. | | | | | | | | | Additional | |
| 22 | | | | 27 | | | | | | ъ. | Certificate of Status Desired | | Fee R | equired | |
| ı | City & State | е | | | City & State | | | | | 6. | Election Campaign Financing | _ | | May Be | |
| 23 | Zip | Country | | | Zip Coun | | | | | Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Inlangible | | | | | |
| 24 | | 25 | | 29 | | | /Our in y | ., 3 | | 8. | Personal Property Tax due Juni | | | No I | |
| •41 | | 9. Name | | of Current Registered Agent | | | | | | 10. | Name and Address of New R | | | | |
| | FE | LDMAN, D | AVID PA | | | | 81 | Name | | | | | | | |
| 407 LINCOLN RD., NE PH | | | | | | | 82 | Street | Addres | ss (P | | | | | |
| MIAMI B CH. FL 33139 | | | | | | | 83 | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | 84 | City | | | | FL | 85 Zip | Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, | | | | | | | | -namec | corpo | ration | n submits this statement for the | | f changing | its registered | |
| 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 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | | | s registered | | | |
| 1 | SNATURE | | | | | | | | | | | | | | |
| | Signature, typed or printed name of regestered agent and title if applicable (NOTE 12. OFFICERS AND DIRECTORS | | | | | | logistered Agent signature require | | | | reinstating) ADDITIONS/CHANGES TO OFFI | DATE CERS AND | DIRECTO | PS IN 12 | |
| 7170 | | PSTD | Orrioths | MIND DINE | DELETE | | 1 TITLE | | 1 | | ADDITIONAL TO CITY | OCTIO ATT | ☐ Change | Addition | |
| NAI | | | JI, MOSHE | _ | | 1.21 | | NAME STREET ADDRESS | | | | | | | |
| STR | REET ADDRESS 16350 I | | N.W. 15TH AVE. | | | 1.3 | 3 STREET | | | | | | | | |
| cm | Y-ST-ZIP | MIAMI | FL 33169 | | [-] | | 4 CITY-SI | CITY-ST-ZIP | | | | | | | |
| TM | | | | | ☐ DELETE | | 1 TITLE | | | | | | L Change | Addition | |
| 1 | WAME | | | | | | 2 NAME 3 Street Address | | | | | | | | |
| | EET ADORESS Y-St-Zip | | | | | | 2. 4 CITY-ST-ZIP 3.1 TITLE | | | | | | | | |
| TITI | | | | | ☐ DELETE | | | | | | | Change | Addition | | |
| NAJ | ME | | | | | 3.2 | 2 NAME | | | | | | | | |
| STR | EET ADDRESS | | | | | | 3.3 STREET ADDRESS | | | | | | | | |
| - | TY-ST-ZIP | | | | | | | T-ZiP | ļ | | | | | | |
| TITL | | | | | DELETE | | TITLE | | | | | | ∐ Change | Addition | |
| NA | | | | | | | 2 NAME | ADDRESS | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | 4 CITY - ST | ADDRESS | | | | | | | |
| TITE | | | ··· | | ☐ DELETÉ | | 1 TITLE | | 1 | | | | Change | Addition | |
| NAS | AE | | | | | 5.2 | 2 NAME | | 1 | | | | | | |
| STR | EET ADDRESS | | | | | 5.3 | 3 STREET | ADDRESS | | | | | | | |
| _ | Y-ST-ZIP | | | | | | 4 CITY-ST | T-ZIP | ļ | | | | T 3 | | |
| TITL | | | | | DELETE | | 1 TITLE | | | | | | Change | ☐ Addition | |
| NAA | 1 | | | | | | 2 NAME | ADDOCOC | | | | | | 1 | |
| | STREET ADDRESS | | | | | | 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | | | | | 1 | |
| CIT | Y-ST-ZIP | L | | | | 64 | I CHY-SI | 1-ZIP | <u>ــــــــــــــــــــــــــــــــــــ</u> | 45 . | a 110 07/3V/) Clasida Statidas | (() | Alf . Al 1 Ale | | |

• Thereby 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 suppliemental 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 approximation.

RIGHATURE & male Van Ast

111/00