FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		IDA DEPARTMEN Sandra B. Mor Secretary of S VISION OF CORP	rtham State				
DOCUMENT # G91	094	(4)					
A & N TRANSFER CORP.							
Principal Place of Business	Mailing Addre	SS			-	in oton aibi olah bah bah bili bili t	
% ADALBERTO NAVIA 509 SE 1ST ST	509 SE 11						
HIALEAH FL 33010	HIALEAH	FL 33010			3. Date Incorporated or Qualified 3a. E. 03/12/1984	ate of Last Report 01/20/1995	
Principal Place of Business 1	2a. Mailing Ac	dress			4. FE1 Number 59-2400410	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & Sta	te			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Ζ ₁ ρ 29	30	Country		8. This corporation has liability for intangible Florida Statutes Yes \(\square\$ Yes \(\square\$ No		
9. Name and Address of Co					10. Name and Address of New Register	•	
NAVIA, ADALBERTO 509 SE 1ST ST HIALEAH FL 33010			B1 B2	Name Street Addre	idress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	F	-	
11. Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of,	0502 and 607.1508, Flo Florida. Such change w Section 607.0505, Florid	rida Statutes, the as authorized by t la Statutes.	above r he corpo	amed corpor oration's boar	ation submits this statement for the purpose of d of directors. I hereby accept the appointment	changing its registered offic as registered agent. I am	
SIGNATURE							
Signature typed or printed name of registered	Fagent and title If applicable S AND DIRECTORS			t signature nequired	ADDITIONS/CHANGES TO OFFICERS A		
12. OFFICERS	S WIND DIVIDIOUS	51.576	13	— _T ····	ADDITIONS/ONAINGES TO OFFICENS A	IND DIRECTORS IN 12	

SIGNATURE Signature typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when retracting): (DATE									
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DP DE	LETE 1. 1 TITLE	☐ Change	Addition					
NAME	NAVIA, ADALBERTO	1.2 NAME							
STREET ADDRESS	509 SE 1ST ST	1.3 STREET ADDR	HESS	-					
CITY-ST-ZIP	HIALEAH FL	1.4 CITY- ST-ZIF							
TITLE	□ DE	LETE 2 1 TITLE	☐ Change	☐ Addition					
NAME		2 2 NAME							
STREET ADDRESS		2 3 STREET ADDI	RESS						
CITY-ST-ZIP		2 4 CITY - \$1 - ZIF							
TITLE	DĐ	LÉTE 3 1 TITLE	☐ Change	☐ Addition					
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADD	RESS						
CITY-ST-ZIP		3 4 C(TY - S1 - 2)F							
TITLE	DE	LETE 4. 1 TITLE	☐ Change	☐ Add:tion					
NAME		4.2 NAME							
STREET ADDRESS		4.3 STREET ADDI	RESS						
CITY-ST-ZIP		4.4.CITY+ST-ZIF	>						
TITLE	☐ DE	LETE 5. 1 TITLE	Criange	Addition					
NAME		5 2 NAME							
STREET ADDRESS		5.3 STREET ADDI	RESS						
CITY-ST-ZIP		5 4 City - St - Zif							
TITLE	☐ DE	LÉTE 6. 1 TITLE	☐ Change	Addition					
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADD	RESS						
CITY-ST-ZIP		6 4 CITY - ST - ZIR	>						

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), Fiorida 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.

beate Davia-President 3-19-96 305-883-8433 SIGNATURE!

Applied For Not Applicable \$8.75 Additional