

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

**FILED**  
**Mar 26 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 # K19080**

**(6)**

1. Corporation Name  
**AMERICA VISION, INC.**



Principal Place of Business  
**100 N BISCAYNE BLVD  
 SUITE 604  
 MIAMI FL 33132**

Mailing Address  
**100 N BISCAYNE BLVD  
 SUITE 604  
 MIAMI FL 33132-2340**

3. Date Incorporated or Qualified <b>03/25/1988</b>	3a. Date of Last Report <b>03/15/1996</b>
4. FEI Number <b>65-0052997</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**PERERA, MERCEDES L.  
 C/O BAROUH, PERERA & ASSOCIATES  
 48 E. FLAGLER ST., STE. 368  
 MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

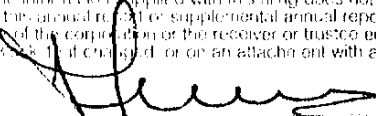
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0532 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature required when changing registered agent or registered office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERA VICENTE	1.2 NAME	
STREET ADDRESS	VENTURA RODRIGUEZ 24	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MADRID, SPAIN	1.4 CITY-STATE-ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHONCHOL, MIRIAM	2.2 NAME	<b>YAMINI, MIREILLE CHONCHOL</b>
STREET ADDRESS	100 N BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSSA, CARLOS R.	3.2 NAME	
STREET ADDRESS	SUIPACHA 548	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BUENOS AIRES, ARGENT.	3.4 CITY-STATE-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUL, DAMIAN	4.2 NAME	
STREET ADDRESS	RIO BRANCO 1373	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MONTEVIDEO, URUGUAY	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I, the undersigned, 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 contained 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 this 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 and is accompanied by an address.

**SIGNATURE:**  **03/20/97** **305-371-8057**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mireille Chonchol, Treasurer**  
Date Daytime Phone # 0176427

CR2E034 (9/96)