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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # K19080



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90052 043 ***150.00

1. Corporation	n Name				
AMERIC/	A VISION, INC.				
i				- I LORADAY AND TIRKO IRAY RAIGH ARAY ARAY ARAY)
			<i>f</i> *		
Principal Place	of Business	Mailing Address		The state of the s	i Biffit fifte fifter defit fiber inn.
100 N BISCAYN	- · · · · · · · · · · · · · · · · · · ·	100 N BISCAYNE BLVD	* *, *		
SUITE 604		SUITE 604		· · · · · · · · · · · · · · · · · · ·	-
MIAMI FL 33132 MIAMI FL 33132			DO NOT WRITE IN THIS SPACE		
•				3. Date Incorporated or Qualifed 03/25/1988	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0052997	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country ,	Zip	Country	.8. This corporation owes the current year Personal Property Tax.	ntangible
24	9. Name and Address of Current		<u>' </u>	10. Name and Address of New Registere	d Agent
1	5. Name and Address of Conton	. Itogiotorou Agont	81 Name		
PER	ERA, MERCEDES L.			ess (P.O. Box Number is Not Acceptable)	
C/O BAROUH, PERERA & ASSOCIATES				SW 72nd Street	
48 E. FLAGLER ST., STE. 368			83		
MIAMI FL 33131				e 206	
,			84 City Mian	ıi F	L 85 Zip Code 33173
44 Burgiant	to the provisions of Sections 607.0503	and 607 1508 Florida Statutes.	the above named corn	osation submits this statement for the nurnose	of changing its registered
office or r	egistered agent or both in the State (of Florida. Such change was auth	iorized by the corporatio	on's board of directors. I hereby accept the app	pointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes.		•
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Agent signature required	d when reinstating) DATE	
12.	OFFICERS ANI	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TTLE		☐ Change ☐ Addition
NAME	PIERA VICENTE		1.2 NAME		
STREET ADDRESS	VENTURA RODRIGUEZ 24		1.3 STREET ADDRESS		}
C/TY-ST-ZIP.	MADRID, SPAIN		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME :	YAMINI, MIREILLE C		2.2 NAME		,
STREET ADDRESS	100 N BISCAYNE BLVD		2.3 STREET ADDRESS		}
CITY-ST-ZIP	MIAMI: FL		2. 4 CITY-ST-ZIP	•	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	· •				
,	LEOSSA CABLUS B.		3.2 NAME		1
CTDCCT ANNUACCO	FOSSA, CARLOS R. SUIPACHA 548				
STREET ADORESS	SUIPACHA 548	_	3.3 STREET ADDRESS		
CITY-ST-ZIP	SUIPACHA 548 BUENOS AIRES, ARGENT.	☐ DELETE			☐ Change ☐ Addition
CITY-ST-ZIP TITLE	SUIPACHA 548 BUENOS AIRES, ARGENT. SD		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE _NAME	SUIPACHA 548 BUENOS AIRES, ARGENT. SD -ARGUL, DAMIAN		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SUIPACHA 548 BUENOS AIRES, ARGENT. SD -ARGUL, DAMIAN		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUIPACHA 548 BUENOS AIRES, ARGENT. SD -ARGUL, DAMIAN		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
CITY-ST-ZIP TITLE _NAME STREET ADDRESS CITY-ST-ZIP. TITLE	SUIPACHA 548 BUENOS AIRES, ARGENT. SD -ARGUL, DAMIAN	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		
CITY-ST-ZIP TITLE NAME	SUIPACHA 548 BUENOS AIRES, ARGENT. SD -ARGUL, DAMIAN	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SUIPACHA 548 BUENOS AIRES, ARGENT. SD -ARGUL, DAMIAN	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
CITY-ST-ZIP TITLE NAME	SUIPACHA 548 BUENOS AIRES, ARGENT. SD -ARGUL, DAMIAN	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		

CITY-ST-ZIP. 14. I 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 injustee 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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

03/13/99

Date

305-371-8057

Daytime Phone #