

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L52649** (5)

1. Corporation Name

VISION B., INC.



Principal Place of Business

**10690 S.W. 8TH STREET
MIAMI FL 33174**

Mailing Address

**10690 S.W. 8TH STREET
MIAMI FL 33174**

3. Date Incorporated or Qualified
02/22/1990

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0172868 ← *OK*

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

**MCCLASKEY, ROBERT M. JR.
1550 MADRUGA AVENUE #120
CORAL GABLES FL 33146**

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 in block of the person who signed this statement

Signature typed or printed in block of the person who signed this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP MEROM, ODED**
STREET ADDRESS **15706 E WATERSIDE CIRCLE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **DST MEROM, HILDA**
STREET ADDRESS **15706 E. WATERSIDE CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. STREET ADDRESS ☐ Change ☐ Addition
4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition
6. NAME ☐ Change ☐ Addition
7. STREET ADDRESS ☐ Change ☐ Addition
8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition
10. NAME ☐ Change ☐ Addition
11. STREET ADDRESS ☐ Change ☐ Addition
12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition
14. NAME ☐ Change ☐ Addition
15. STREET ADDRESS ☐ Change ☐ Addition
16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition
18. NAME ☐ Change ☐ Addition
19. STREET ADDRESS ☐ Change ☐ Addition
20. CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition
22. NAME ☐ Change ☐ Addition
23. STREET ADDRESS ☐ Change ☐ Addition
24. CITY-ST-ZIP ☐ Change ☐ Addition

14. 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), 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:

ODED MEROM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

(305) 227-2732
Daytime Phone #

CR2E034 (12/95)