

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97952 (0)

1. Corporation Name

MANHATTAN VISION INVESTMENTS, INC.

Principal Place of Business

2275 N.W. 84TH AVE.
75 VALENCIA AVE #400
CORAL GABLES FL 33134
US

Mailing Address

2275 N.W. 84TH AVE.
75 VALENCIA AVE #400
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0216551

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

2. Principal Place of Business

21 2275 N.W. 84th AVE

2a. Mailing Address

26 2275 N.W. 84th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33122

Country

25 DADE

Zip

29 33122

Country

30 DADE

9. Name and Address of Current Registered Agent

ECHEVERRI, CESAR S
2275 N.W. 84TH AVE.
MIAMI FL 33122

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

CESAR-ECHEVERRI-S

CD

April 28, 1995

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ECHEVERRI, CESAR S
STREET ADDRESS	2275 N.W. 84TH AVE.
CITY ST ZIP	MIAMI FL
TITLE	STD
NAME	ECHEVERRI, CLARALUZ
STREET ADDRESS	2275 N.W. 84TH AVE.
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	ECHEVERRI, CESAR J
STREET ADDRESS	241 SEVILLA AVE, STE 904
CITY ST ZIP	CORAL GABLES FL
TITLE	D
NAME	ECHEVERRI, GERMAN
STREET ADDRESS	241 SEVILLA AVE, STE 904
CITY ST ZIP	CORAL GABLES FL
TITLE	D
NAME	ECHEVERRI, FERNANDO
STREET ADDRESS	241 SEVILLA AVE, STE 904
CITY ST ZIP	CORAL GABLES FL
TITLE	D
NAME	ECHEVERRI, LUZ M
STREET ADDRESS	241 SEVILLA AVE, STE 904
CITY ST ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	☐ Change ☐ Addition
12 NAME	ECHEVERRI, CESAR SR.	
13 STREET ADDRESS	2275 N.W. 84TH AVE	
14 CITY ST ZIP	MIAMI FL	
21 TITLE	STD	☐ Change ☐ Addition
22 NAME	ECHEVERRI, CLARALUZ	
23 STREET ADDRESS	2275 N.W. 84TH AVE	
24 CITY ST ZIP	MIAMI FL	
31 TITLE	D	☐ Change ☐ Addition
32 NAME	ECHEVERRI, CESAR JR.	
33 STREET ADDRESS	2275 N.W. 84th AVE	
34 CITY ST ZIP	MIAMI FL	
41 TITLE	D	☐ Change ☐ Addition
42 NAME	ECHEVERRI, GERMAN	
43 STREET ADDRESS	2275 N.W. 84TH AVE	
44 CITY ST ZIP	MIAMI FL	
51 TITLE	D	☐ Change ☐ Addition
52 NAME	ECHEVERRI, FERNANDO	
53 STREET ADDRESS	2275 N.W. 84th AVE	
54 CITY ST ZIP	MIAMI FL	
61 TITLE	D	☐ Change ☐ Addition
62 NAME	ECHEVERRI, LUZ M	
63 STREET ADDRESS	2275 N.W. 84TH AVE	
64 CITY ST ZIP	MIAMI FL	

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 110.07(3)(b), 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 owner of a trust empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of name or an appointment with the address.

SIGNATURE:

CESAR ECHEVERRI SR.,

CD

APRIL 28, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Typed Name

Phone (305) 591-1426