

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37395**
1. Corporation Name

APPROVED
FILED
93 MAR 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VISION COMMUNITY DEVELOPERS, INC.

Principal Place of Business Mailing Address
16795 NW 86TH Court
Miami Lakes, Florida 33061

2. Principal Place of Business 16795 NW 86th Court Suite, Apt. #, etc.	2a. Mailing Address 26	3. Date Incorporated or Qualified APRIL 2, 1990
22 City & State Miami Lakes, FL	27 City & State	4. FEI Number 65-0183970 Applied For Not Applicable
23 Zip 33061	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

Daniel Lavan
350 N. Seaboard Road
Miami, Florida 33169

81 Name Rolando Hernandez
82 Street Address (P.O. Box Number is Not Acceptable)
83 16795 NW 86TH Court
84 City Miami Lakes, FL
85 Zip Code 33061

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* 3/12/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME Pres/ Daniel Lavan STREET ADDRESS 1320 NW 174 Street CITY-ST-ZIP Miami, Florida 33169 <input checked="" type="checkbox"/> DELETE	1.1 TITLE President 12 NAME DIR. 13 STREET ADDRESS 16795 NW 8 Court 14 CITY-ST-ZIP Miami Lakes, Florida 33061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME VP Felix Demmings STREET ADDRESS 1330 NW 174th Street CITY-ST-ZIP Miami, Florida 33169 <input checked="" type="checkbox"/> DELETE	2.1 TITLE DIR. 22 NAME Treasurer Ema Hernandez STREET ADDRESS 16795 NW 8 th Court CITY-ST-ZIP Miami Lakes, Florida 33061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Tres. Lloyd Cheever STREET ADDRESS 1330 NW 174th Street CITY-ST-ZIP Miami, Florida 33169 <input checked="" type="checkbox"/> DELETE	3.1 TITLE VP 32 NAME DIR. Francisco Ferrer STREET ADDRESS 8370 NW 167th Terrace CITY-ST-ZIP Miami Lakes, Florida 33061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE DIR. 4.2 NAME Secretary Raul L. Fernandez STREET ADDRESS 8401 NW 172 Street CITY-ST-ZIP Miami Lakes, Florida 33061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3/12/99 305-823-5483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)