

FILE NOW: FILIN

FILED  
Apr 28 1997 8:00am  
Secretary of State

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|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | STATE<br><br>Sandra L. Graham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N46084** (2)  
1. Corporation Name  
**DOUBLE VISION INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>200 NW 38 WAY<br/>FT. LAUDERDALE FL 33311</b> | Mailing Address<br><b>200 NW 38 WAY<br/>FT. LAUDERDALE FL 33311-8237</b> |
|---|--|

|   |  |                                  |  |   |  |  |  |
|---|--|----------------------------------|--|---|--|--|--|
| 2. Principal Place of Business<br><b>21</b> |  | 2a. Mailing Address<br><b>26</b> |  | 3. Date Incorporated or Qualified<br><b>11/19/1991</b>  |  | 3a. Date of Last Report<br><b>04/01/1996</b> |  |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.              |  | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  | Applied For<br>Not Applicable                |  |
| City & State<br><b>23</b>                   |  | City & State<br><b>27</b>        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  |
| Zip<br><b>24</b>                            |  | Country<br><b>25</b>             |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |  |  |  |
| Zip<br><b>29</b>                            |  | Country<br><b>30</b>             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>BISSAINTHE, MORILE<br/>810 NE 158 ST<br/>MIAMI FL 33162</b> |  |  |  | 10. Name and Address of New Registered Agent<br><b>Dr. Claude Legros<br/>16100 NE 9th Ct<br/>North Miami Beach FL 33162</b> |  |  |  |
|---|--|--|--|---|--|--|--|

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 *X* *C. Legros* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                     |  |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|----------------------------|---------------------|--|--------------------|---|--|--|--|
| TITLE                      | PD                  | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE          | D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | LEOPOLD, ANTOINE    |  | 1.2 NAME           | Leopold, Anne Paula                                   |  |  |  |
| STREET ADDRESS             | 8634 SHERATON DR    |  | 1.3 STREET ADDRESS | 8634 Sheraton Drive                                   |  |  |  |
| CITY-ST-ZIP                | MIRAMAR FL 33028    |  | 1.4 CITY-ST-ZIP    | Miramar, FL 33025                                     |  |  |  |
| TITLE                      | VD                  | <input type="checkbox"/> DELETE            | 2.1 TITLE          | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | LEOPOLD, ANNE-PAULA |  | 2.2 NAME           | Guy Charles   |  |  |  |
| STREET ADDRESS             | 8634 SHERATON DR    |  | 2.3 STREET ADDRESS | 14520 NW 5th Ave                                      |  |  |  |
| CITY-ST-ZIP                | MIRAMAR FL 33028    |  | 2.4 CITY-ST-ZIP    | Miami, FL 33168                                       |  |  |  |
| TITLE                      | ST                  | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE          | D-Jean-Frantz Denis                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | BISSAINTHE, MORILE  |  | 3.2 NAME           |   |  |  |  |
| STREET ADDRESS             | 810 NE 156 TERRACE  |  | 3.3 STREET ADDRESS | 260 NW 38 Way   |  |  |  |
| CITY-ST-ZIP                | MIAMI FL            |  | 3.4 CITY-ST-ZIP    | Fort Lauderdale FL 33311                              |  |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE            | 4.1 TITLE          | T   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       |                     |  | 4.2 NAME           | Elia Rosemond   |  |  |  |
| STREET ADDRESS             |                     |  | 4.3 STREET ADDRESS | 3203 NW 5th TER                                       |  |  |  |
| CITY-ST-ZIP                |                     |  | 4.4 CITY-ST-ZIP    | Pompano Beach FL 33064                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE            | 5.1 TITLE          | S   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       |                     |  | 5.2 NAME           | Rothschild, Harriet                                   |  |  |  |
| STREET ADDRESS             |                     |  | 5.3 STREET ADDRESS | 3251 NW 8th Street                                    |  |  |  |
| CITY-ST-ZIP                |                     |  | 5.4 CITY-ST-ZIP    | Fort Lauderdale FL 33311                              |  |  |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE            | 6.1 TITLE          | Dr  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       |                     |  | 6.2 NAME           | Claude LEGROS   |  |  |  |
| STREET ADDRESS             |                     |  | 6.3 STREET ADDRESS | 16100 NE 9th Ct North Miami Beach                     |  |  |  |
| CITY-ST-ZIP                |                     |  | 6.4 CITY-ST-ZIP    | FL 33162  |  |  |  |

14. I do 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.

SIGNATURE: *Anne Paula Leopold* *A. P. Leopold* 1-15-97 (954) 587-5749

CP2E037 (9/96)