

FILE NOW. FILING FEE TO QUALIFY

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004815 (7)

1. Corporation Name

COCONUT GROVE VISION - 2000, INC.



Principal Place of Business

Mailing Address

9485 SUNSET DRIVE, SUITE A-145
MIAMI FL 33173

9485 SUNSET DRIVE, SUITE A-145
MIAMI FL 33173

3. Date Incorporated or Qualified
10/25/1993

3a. Date of Last Report
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21 3250 Mary Street

26 3250 Mary Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 404

27 Suite 404

City & State

City & State

23 Coconut Grove, FL

28 Coconut Grove, FL

Zip Country

Zip Country

24 33133

25 USA

29 33133

30 USA

4. FEI Number
65-0590084

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

10. Name and Address of New Registered Agent

FITZSIMMONS, ROBERT V
9485 SUNSET DRIVE, SUITE A-145
MIAMI FL 33173

81 Name
Fitzsimmons, Robert V.
82 Street Address (P.O. Box Number is Not Acceptable)
3250 Mary Street
83 Suite 404
84 City
Coconut Grove
85 Zip Code
FL 33133

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, 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 CHANGED TO OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITZSIMMONS, ROBERT V	
STREET ADDRESS	9485 SUNSET DRIVE, SUITE A-145	
CITY - ST - ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERTE, JEAN CLAUDE	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 302	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINER, YAROMIR	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 602	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fitzsimmons, Robert V.	
1.3 STREET ADDRESS	3250 Mary Street, Suite 404	
1.4 CITY - ST - ZIP	Coconut Grove, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800001925218	
6.3 STREET ADDRESS	-08/19/96--01013--024	
6.4 CITY - ST - ZIP	***1125.00	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-96

305-856-4187

Date

Daytime Phone #

CR2E037 (12/95)