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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004984 (8)**

1. Corporation Name
VISIONS WORLDWIDE, INC.



Principal Place of Business 6446 S MITCHELL MANOR CIR MIAMI FL 33156	Mailing Address 6446 S MITCHELL MANOR CIR MIAMI FL 33156
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2. Principal Place of Business 21 1252 OBISPO AVE. Suite, Apt. #, etc. 22 City & State 23 CORAL GABLES, FL Zip Country 24 33134 25 U.S.A.	2a. Mailing Address 26 P.O. Box 24-8315 Suite, Apt. #, etc. 27 City & State 28 CORAL GABLES, FL Zip Country 29 33184 30 USA
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3. Date Incorporated or Qualified 09/25/1996
4. FEI Number 65-0734296
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MURTHY, VIVEK H 6446 S MITCHELL MANOR CIR MIAMI FL 33156	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC MURTHY, VIVEK 6446 S MITCHELL MANOR CIR MIAMI FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV MURTHY, RASHMI 6446 S MITCHELL MANOR CIR MIAMI FL 33156	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MURTHY, SHARMILA 6446 S MITCHELL MANOR CIR MIAMI FL	3.1 TITLE	V Palak Shah
NAME		3.2 NAME	6446 S. Mitchell Manor Cir
STREET ADDRESS		3.3 STREET ADDRESS	Miami, FL 33156
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CORS SHAH, KRUPAL 6446 S MITCHELL MANOR CIR MIAMI FL 33156	4.1 TITLE	S DIVYA SWAMY
NAME		4.2 NAME	6446 S. Mitchell Manor Cir.
STREET ADDRESS		4.3 STREET ADDRESS	Miami, FL 33156
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T KAVITA, VASHI 6446 S MITCHELL MANOR CIR MIAMI FL	5.1 TITLE	Treasurer
NAME		5.2 NAME	RITU AIRAN
STREET ADDRESS		5.3 STREET ADDRESS	1252 OBISPO AVE.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		6.1 TITLE	Fundraising Chair
NAME		6.2 NAME	Sushma Sheth
STREET ADDRESS		6.3 STREET ADDRESS	6446 S. Mitchell Manor
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Gables, FL 33156

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.

SIGNATURE: Ritu Airan RITU AIRAN 4/16/98 (305) 445-5623

CR2E037 (10/97)