


FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90104 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004984			
1. Corporation Name VISIONS WORLDWIDE, INC.			
Principal Place of Business 1252 OBISPO AVE CORAL GABLES FL 33134 US		Mailing Address P O BOX 24 8315 CORAL GABLES FL 33124 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 09/25/1986		4. FEI Number 65-0734296	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. 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	
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/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPC <input type="checkbox"/> DELETE NAME MURTHY, VIVEK STREET ADDRESS 6446 S MITCHELL MANOR CIR CITY-ST-ZIP MIAMI FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DV <input checked="" type="checkbox"/> DELETE NAME MURTHY, RASHMI STREET ADDRESS 6446 S MITCHELL MANOR CIR CITY-ST-ZIP MIAMI FL 33156		2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Nazleen Bharmal 2.3 STREET ADDRESS 30 Indian Run Rd. 2.4 CITY-ST-ZIP Princeton Jct., NJ-08550	
TITLE V <input type="checkbox"/> DELETE NAME SHAH, PALK STREET ADDRESS 6446 S MITCHELL MANOR CIR CITY-ST-ZIP MIAMI FL 33156		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Palak Shah 3.3 STREET ADDRESS 8385 SW 143 St. 3.4 CITY-ST-ZIP Miami, FL 33158	
TITLE S <input type="checkbox"/> DELETE NAME SWAMY, DIVYA STREET ADDRESS 6446 S MITCHELL MANOR CIR CITY-ST-ZIP MIAMI FL 33156		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Divya Swamy 4.3 STREET ADDRESS 3 Tally Rd. 4.4 CITY-ST-ZIP Hamilton, NJ 08619	
TITLE T <input type="checkbox"/> DELETE NAME AIRAN, RITU STREET ADDRESS 1252 OBISPO AVE CITY-ST-ZIP CORAL GABLES FL 33134		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE TC <input type="checkbox"/> DELETE NAME SHETH, SUSHMA STREET ADDRESS 6446 S MITCHELL MANOR CITY-ST-ZIP CORAL GABLES FL 33156		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Sushma Sheth 6.3 STREET ADDRESS 13915 SW 84 St. 6.4 CITY-ST-ZIP Miami, FL 33183	

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99
 Date

(305) 689-4396
 Daytime Phone #

03291999-90104-027