


FILE NOW: FILING FEE IS \$61.25

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

03-29-1999 90006 014 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000004807</b>					
1. Corporation Name <b>VISIONS IN UNITY, INC.</b>					
Principal Place of Business <b>1305 NORTHWEST 54TH STREET MIAMI FL 33142</b>			Mailing Address <b>1305 NORTHWEST 54TH STREET MIAMI FL 33142</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/25/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0776618</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	<b>FL</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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>JONES, AVERY PASTOR</b>				
STREET ADDRESS	<b>1305 NORTHWEST 54TH STREET</b>				
CITY-ST-ZIP	<b>MIAMI FL 33142</b>				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	<b>PETERSON, JOHN PASTOR</b>				
STREET ADDRESS	<b>1305 NORTHWEST 54TH STREET</b>				
CITY-ST-ZIP	<b>MIAMI FL 33142</b>				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	<b>ALEXANDER, ETHEL P</b>				
STREET ADDRESS	<b>1305 NW 54 ST</b>				
CITY-ST-ZIP	<b>MIAMI FL 33142</b>				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	<b>DAVIS, BERTHA PASTOR</b>				
STREET ADDRESS	<b>1305 NORTHWEST 54TH STREET</b>				
CITY-ST-ZIP	<b>MIAMI FL 33142</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	<b>P</b>				
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	<b>JOHNSON, TONY PASTOR</b>				
2.3 STREET ADDRESS	<b>1305 NORTHWEST 54TH STREET</b>				
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33142</b>				
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	<b>FELTON, WILLIE PASTOR</b>				
3.3 STREET ADDRESS	<b>1305 NORTHWEST 54TH STREET</b>				
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33142</b>				
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					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 751-1288  
Date Daytime Phone #

CR2E037 (11/98)