FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 25 PM 2:43

DOCUMENT # P37132 (8)

1. Corporation Name

UNITED VISION GROUP, INC.

300001547933
-07/27/95--01072--014
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6500 NW 15 AVE. SUITE 100 FT. LAUDERDALE FL 33309	6500 NW 15 AVE. SUITE 100 FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 01/14/1992
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 65-0257498 — ☐ 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
BURGER, ALAN M. ESQ PA 9990 SW 77TH AVE. PENTHOUSE 5 MIAMI FL 33156	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP KAPLAN, JAN 6500 NW 15 AVE. FT. LAUDERDALE FL	DCP KAPLAN, JAN 6500 N.W. 15 Ave. Ft. Lauderdale, FL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS KAPLAN, KAREN 6500 NW 15 AVE. FT. LAUDERDALE FL	DVS KAPLAN, KAREN 6500 N.W. 15th Ave. Ft. Lauderdale, Florida ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIN, ROBERT 6500 NW 15 AVE. FT. LAUDERDALE FL	D RUBIN, ROBERT 6500 N.W. 15th Avenue Ft. Lauderdale, Florida ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN,JAMES 6500 NW 15 AVE. FT. LAUDERDALE FL	D COHEN, JAMES 6500 N.W. 15th Avenue Ft. Lauderdale, Florida ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBAROSH, MILTON 6500 NW 15 AVE FT. LAUDERDALE FL 33309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

14. I electronically certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jan Kaplan 7/14/95 305-978-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0216958 CP