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

APPROVED AND FILED

95 MAY -1 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067077 (5)**

1. Corporation Name
VISION NETWORK, INC.

Principal Place of Business	Mailing Address
~~2600 DOUGLAS ROAD STE. 501~~ ~~CORAL GABLES FL 33134~~ ~~1313 SW 27~~	~~2600 DOUGLAS ROAD STE. 501~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1313 SW 27th Avenue
Suite, Apt. #, etc. 22
City & State 23: Miami, FL
Zip 24: 33145 Country 25: US

2a. Mailing Address
26 P.O. Box 14-1699
Suite, Apt. #, etc. 27
City & State 28: Coral Gables, FL
Zip 29: 33114 Country 30: US

4. FEI Number: 65-0518537 ☐ 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
~~CARUNCHO, JOSEPH L PA~~ ~~2600 DOUGLAS ROAD STE. 501~~ ~~CORAL GABLES FL 33134~~	81 Name: Vivian V. Lehman 82 Street Address (P.O. Box Number is Not Acceptable): ~~1313~~ 1313 SW 27th Ave. 83 84 City: Miami FL 85 Zip Code: 33145

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: [signature] 4-22-95
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	President	11 TITLE	☐ Change ☐ Addition
NAME	Fred Mann	12 NAME	
STREET ADDRESS	1313 SW 27th Avenue	13 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33145	14 CITY ST ZIP	
TITLE	Secretary	21 TITLE	☐ Change ☐ Addition
NAME	Adolfina Shirko	22 NAME	
STREET ADDRESS	1313 SW 27th Avenue	23 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33145	24 CITY ST ZIP	
TITLE	Director	31 TITLE	☐ Change ☐ Addition
NAME	Vivian V. Lehman	32 NAME	
STREET ADDRESS	1313 SW 27th Ave.	33 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33145	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AS 6/12

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 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] / Vivian V. Lehman 4-22-95 (305) 557-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141630 CP