## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400067077 (5)

VISION NETWORK, INC.

Mailing Address

FILED										
May	13	1997	8:00am							
Sec	cret	ary of	State							

Principal Place	al Place of Business Mailing Address					f 400 i 100 i 110 odstå bildte dasta badte dalle dalle dalle 400te 400te edalle idde i dal					
1319 8W 27TH AVE MIAMI FL 33145 US			PO BOX 14-1699 CORAL GABLES FL 33114-1699			·					
00							3. Date Incorporated or Qualified 09/13/1994		o of Last R 5/1996	eporl	
2. Principal Pl	ace of Business	2a, Mailing	Address	·····			4. FEI Number	-	Ar	oplied For	
21		26					65-0518537		] [No	ot Applicable	
Sulte, Apt. :	#, etc.	Suite, <i>I</i>	Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired	
City & State		City &	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28]	28				Trust Fund Contribution				
Zip	Country	Zip	Country				8. This corporation has liability for it			. 199.032,	
24	25	29		30			Florida Statutes 🔀 Yes 🗌 No				
	9. Name and Address of	Current Registered A	gent		·		10. Name and Address of New Reg	istered A	gent		
LEHN	MAN, VIVIAN V			81	Na	me					
	SW 27TH AVE			82	Sir	eol Addre	ess (P.O. Box Number is Not Acceptab	le)			
	AI FL 33145			"		bot i idaic	See (F.o. Box (Tomber to Te), 1800ptab				
				83						}	
				0.0	0.4				or 1 7:0	Code	
				84	Cit	У		FL	<b>85</b> Zip	C006	
11. Pursuant t	to the provisions of Sections 6 egistered agent, or both, in thi m familiar with, and accept the	07.0502 and 607.1508 e State of Florida. Such	, Florida Statute n change was a	es, the abov	e-nan y the	ned corpo corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of t t the appo	changing it intment as	ts registered registered	
=	in tamiliar with, and accept the	e obligations of, Section	11 ,CUCU, 100 11 IC	яна отапне	·S.				a		
SIGNATURE	Signature, typed or printed name of regis	tered agent and title it applicab	ie. (NOTI	L: Flogistered Ap	ent sign	ature require	nd which reinstating)	- 29 -	7. /		
12.		RS AND DIRECTORS		13.	·	i	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	3S IN 12	
TITLE	P		DELE1E	1.1 TITLE				I	Change	Addition	
NAME	MANN, FRED			1.2 NAME							
STREET ADDRESS	1313 SW 27TH AVE			1.8 STREE	I ADDRI	SS					
CITY-ST-ZIP	MIAMI FL			1.4 CITY-							
TITLE	S		DELETE	21 1111	VI 211				Change	Addition	
NAME	SHIVRO, ADOLFINA		_	22 NAME					-		
STREET ADDRESS	1313 SW 27TH AVE			23 STREE	T ADDR	22	•				
	MIAMI FL			2 4 CITY-		1	•			į	
CITY-ST-ZIP TITLE	D		DELETE	31 TITLE	31-21				Change	Addition	
NAME	LEHMAN, VIVIAN V		<u> </u>	32 NAME			•				
	1313 SW 27TH AVE			3.2 NAME		100					
STREET ADDRESS	MIAMI FL										
CITY-ST-ZIP TITLE	MIAMI LE		☐ DELETE	3.4. CITY- 4.1 TITLE	31-219				Change	Addition	
								1	onunge		
NAME				4. 2 NAME		roc					
STREET ADDRESS				4.3 STREL		188					
CITY-ST-ZIP			DELETE	4.4 CITY-	ST-ZIP				Chanca	Addition	
TITLE			L] VILLE IE	5.1 TITLE		į.			Change	Addition	
. Name	٠.			5.2 NAME							
STREET ADDRESS				5.3 STREE	1 ADDRI	F\$S	•			-	
CITY-ST-ZIP			TT 22	5.4 CITY-	S1-ZIP				<del></del>		
TITLE			DELETE	6.1 TITLE					Change	☐ Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	T ADORI	ESS					
CITY-ST-ZIP				6.4 CITY -	ST-ZIP	<u>l</u>					
	ov certify that the information s	supplied with this filing	does not quali	fy for the ex	emoti	on stated	in Section 119.07(3)(i), Horida Statute	s. 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.

305 883-0039