

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 25 AM 8:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000071068 (8)

1. Corporation Name
VISION OF AMERICA, INC.

Principal Place of Business Mailing Address

**790 N.W. 107TH AVE.
SUITE 209
MIAMI FL 33172** **790 N.W. 107TH AVE.
SUITE 209
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/27/1984

4. FEI Number Applied For
65-0525580 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. 100.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CUMMINS, JEFFREY D ESQ.
9555 N. KENDALL DR.
SUITE 202
MIAMI FL 33178**

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 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 _____
Signature: typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBINA, CARLOS A	1.2 NAME	
STREET ADDRESS	790 N.W. 107TH AVE., SUITE 209	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33172	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBINA, MARIA I	2.2 NAME	TREASURER
STREET ADDRESS	790 N.W. 107TH AVE., SUITE 209	2.3 STREET ADDRESS	ROBERT RUIZ
CITY - ST - ZIP	MIAMI FL 33172	2.4 CITY - ST - ZIP	790 N W 107TH AVE, SUITE 209 MIAMI, FL 33172
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DANIEL M	3.2 NAME	
STREET ADDRESS	11760 S.W. 102ND ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33188	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 checked, or as an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT RUIZ** **TREASURER** 1/11/95 305-227-2600

SIGNATURE AND TYPED OR PRINTED NAME OF A THIRD OFFICER OR DIRECTOR (Date) Daytime Phone #