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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:30

DOCUMENT # **P94000083409 (0)**

1. Corporation Name
VISION D' EUROPA, INCORPORATED

Principal Place of Business	Mailing Address
C/O JANE C. RANKIN, ESQ. 1 E. BROWARD BLVD., SUITE 1600 FT. LAUDERDALE FL 33301	C/O JANE C. RANKIN, ESQ. 1 E. BROWARD BLVD., SUITE 1600 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7220 NW 36TH STREET	26 7220 NW 36TH STREET
Suite, Apt. #, etc. 22 SUITE 307	Suite, Apt. #, etc. 27 SUITE 307
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33166 / 25 USA	Zip / Country 29 33166 / 30 USA

4. FEI Number: 65-0539627 ☐ 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

RANKIN, JANE C
1 E. BROWARD BLVD.
SUITE 1600
FT. LAUDERDALE FL 33301

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 title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P	☒ Change ☐ Addition
NAME	LAL, ANIL	12 NAME	LAL, ANEL	
STREET ADDRESS	C/O 5 TWILIGHT CT.	13 STREET ADDRESS	7220 NW 36TH STREET SUITE 307	
CITY ST ZIP	MELVILLE NY 11747	14 CITY ST ZIP	MIAMI, FLORIDA 33166	
TITLE	D	21 TITLE	D/V/T	☒ Change ☐ Addition
NAME	LAL, MARIBEL	22 NAME	LAL, MARIBEL	
STREET ADDRESS	C/O 5 TWILIGHT CT.	23 STREET ADDRESS	7220 NW 36TH STREET SUITE 307	
CITY ST ZIP	MELVILLE NY 11747	24 CITY ST ZIP	MIAMI, FLORIDA 33166	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	DEVLIN, JESSE W	32 NAME	DEVLIN, JESSEE	
STREET ADDRESS	C/O 5 TWILIGHT CT.	33 STREET ADDRESS	7220 NW 36TH STREET SUITE 307	
CITY ST ZIP	MELVILLE NY 11747	34 CITY ST ZIP	MIAMI, FLORIDA 33166	
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		

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)(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: _____ 3/28/95 305 715 7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000074 CP