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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022305 (3)

VISION RESTAURANTS, INC.

Principal Place of Business Mailing Address

9001 S.W. 90TH AVENUE 9001 S.W. 80TH AVENUE

FILED May 02 1997 8:00am Secretary of State



8001 8.W. 807 MIAMI FL 3315		9001 S.W. 80TH AVENUE MIAMI FL 33156-7433									
<u></u>						3. Date Incorporated or Qualified 03/20/1995	3a. Da 04/3	ite of 1		eporl	
21	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0568941		Applied For Not Applicable				
Sulte, Apt.	.#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & Stat	te	City & State	<u></u> †—¬ ′			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country Zip 25 29 30 9. Name and Address of Current Registered Agent			intry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No					
	~	nt Registered Agent		81	Name	10. Name and Address of New Reg	istered /	Agent			
	RBALLO, JEFF D			01	name						
	1 S.W. 80TH AVENUE MI FL 33156			82 Street Addr		ress (P.O. Box Number is Not Acceptab	le)				
					City			85	Zip (Code	
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508. Florida	Statutes the a	hove	named cor	poration submits this statement for the p	FL urpose of	chan	aina iti	rocietorod	
Office of	registered agent, or both, in the State am familiar with, and accept the oblig	r of Florida, Such channe	was authorizo	C 133	the course	tion's board of directors. Thereby accep	the app	ointmo	ent as	registered	
SIGNATURE	and detailed with, and becopt the oblig	20.100 1101300 (10 1610110)	oo, r ionda ola	ioica	••						
	Signature, typed or printed name of toge tered ag-		(NOTE: Registere	d Age	nt signature requ	red whos reinstating)	DATE			****	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_			
TITLE NAME	D Carballo, Jeff	☐ DELE						L C+	narige	Addition	
STREET ADDRESS	9001 S.W. 80TH AVE.		12 N								
CITY-ST-ZIP	MIAMI FL 33156				ADDRESS Lard						
TITLE	D	DELE		ITY - ST TLE	1 - 211				nanne	Addition	
NAME	MANI, ZACHARIAH	-	2 2 N						go	1	
STREET ADDRESS	9001 S.W. 80TH AVE.		23\$	IREE1	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33156		2.40	11Y - S	1 - ZIP						
TITLE	D	DELF	TE 31 TI	ILΕ					nange	Addition	
NAME	BRENNER, RICHARD		3.2 N	AME							
STREET ADDRESS	18499 S.W. 79TH COURT		1		ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 33576	DELE			1.70			T 04		1 1 1 1 1 1 1 1 1 1	
NAME	KAYAŁ, RAYMOND	LJ DELE	1E 4.1 TI 4. P N					L∄ Cr	ıa⊓y€	Addition	
STREET ADDRESS	6910 N.W. 12TH ST.				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33126			TY-\$1	į.						
TITLE	D	DELETE 5.11						☐ Ch	nange	Addition	
NAME	LABOURDETTE, PEDRO		5.2 N	AME	1						
STREET ADDRESS	8833 COLD SPRING ROAD		538	REET	ADDRESS						
CITY-ST-ZIP	POTOMAC MD		5.4 CI		- ZIF						
TITLE		☐ D{TE						Ch	nange	Addition	
NAME			62 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 CI	TY - \$1	-7fP						

14. I do hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the corporation or the rechiver or trusted 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.

ICHATURE MACIANAMA PROHABIA MANT 4/27/97 305-207-