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FILED
Aug 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000028378

1. Corporation Name
AMERICAN VISION FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
500 EAST BROWARD BLVD. Suite 1680 Ft. LAUDERDALE, FL 33394	500 EAST BROWARD BLVD. Suite 1680 Ft. LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 500 E. BROWARD BLVD	26 500 E. BROWARD BLVD.
Suite, Apt. #, etc. 22 1680	Suite, Apt. #, etc. 27 1680
City & State 23 Ft. LAUDERDALE, FL	City & State 28 Ft. LAUDERDALE, FL
Zip 24 33394 County 25 45	Zip 29 33394 County 30 45

3. Date Incorporated or Qualified: 4-10-1995

4. FEI Number: 65-0579699 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETRUSHA, MICHAEL 500 E. BROWARD BLVD Suite 1680 Ft. Lauderdale, FL 33394	81 Name: MICHAEL PETRUSHA 82 Street Address (P.O. Box Number is Not Acceptable): 500 E. BROWARD BLVD 83 Suite 1680 84 City: Ft. LAUDERDALE FL 85 Zip Code: 33394

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: Michael Petrusha 8-5-98
Signature, typed or printed name of agent and title if officer or director applicable (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PETRUSHA, MICHAEL		12 NAME	
STREET ADDRESS	2045 N. HIBISCUS DR.		13 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI, FL 33184		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ORLANDO, JOHN A.		22 NAME	
STREET ADDRESS	3772 NE 166 ST.		23 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33160		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ANDOLPHO JR, PETER D.		32 NAME	
STREET ADDRESS	16525 NE 26 AVE		33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I 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 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: Michael Petrusha 8-5-98 954-523-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #