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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

Principal Place of Business .

DOCUMENT # P95000038934

HOME VISION CORPORATION

7951 SW 40TH ST 795 #206 #2 MIAMI FL 33155 MII/

Mailing Address

7951 SW 40TH ST #206

MIAMI FL 33155

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90003 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/16/1995

2. Principal P	Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For	
21	26					65-0582502		N	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired	
22   City_&_Stat		_ City & State				6. Election Campaign Financing		\$5.00	May Be	
28						Trust Fund Contribution		•	to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the currer				
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent			/1= ***	10. Name and Address of New Re	gistered A	gent		
DIA	Z OSVALDO I			81	Name					
DIAZ, OSVALDO J 7951 SW 40TH ST					82 Street Address (P.O. Box Number is Not Acceptable)					
						· · · · · · · · · · · · · · · · · · ·				
#206 MIAMI FL 33155										
MIAI	MI FL 33133			84	City		FL	85 Zip	Code	
- :		1007 4500 51 11	- C1-t-4 4	L	named	rotion submits this statement for the s		hanging its	s renistered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such chang	e was authorized	ı by tr	named corporation	ration submits this statement for the pi i's board of directors. I hereby accept	the appoin	ment as re	agistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.05	505, Florida Stat	utes.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	Agent s	signature required v	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12	
TITLE	Р	☐ DEI	LETE 1.1 Π	TLE				Change	□ Addition	
NAME	GUTIERREZ, JULIO CESAR		1.2 N	AME						
STREET ADDRESS	2333 BRICKELL AVENUE, #2512	2	1.3 \$	TREET A	DORESS					
CITY-ST-ZIP	MIAMI FL 33129		1.4 CI	TY-ST-	ZIP					
TITLE		☐ DEI	LETE 2.1 TI	ΠĒ				☐ Change	☐ Addition	
NAME			2.2 N	AME						
STREET ADDRESS			2.3 \$	TREET A	ODRESS					
CITY-ST-ZIP			2.40	aTY-ST-	ZIP					
TITLE		☐ DE	LETE 3.1 TI	TLE				☐ Change	☐ Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	TREETA	DORESS					
CITY-ST-ZIP			3.4. C	tTY-ST-	ZIP					
TITLE		☐ DE	LETÉ 4,1 TI	TLE				☐ Change	☐ Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 S	TREET	NDDRESS					
CITY-ST-ZIP				TY-ST-	ZIP					
TITLE		☐ DE						☐ Change	☐ Addition	
NAME	1		5.2 N							
STREET ADDRESS					NODRESS					
CITY-ST-ZIP				ITY-ST-	ZIP				<b>—</b>	
TITLE		□ DE						☐ Change	☐ Addition	
NAME			6.2 N							
STREET ADDRESS					ADDRESS					
C/TY-ST-ZIP				ITY-ST-		440.07/01/2		E. 1L. 1 41	inform======	
14. I hereby	certify that the information supplied with	this filing does not q	ualify for the exe	mptio	n stated in Se	ection 119.07(3)(i), Florida Statutes. I i	urther certi	ry that the	information	

4. 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 informatio 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 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, with all other like empowered.

**SIGNATURE** 

MATURE REQUIRE

NATURE AND TYPES OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR

305.261 .6251

CR2E034 (11/98)