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Jun 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000032232 (6)

1. Corporation Name
BIG VISION CORPORATION

Principal Place of Business

7840 N.W. 25TH ST.
SUITE 105
MIAMI FL 33122

Mailing Address

7840 N.W. 25TH ST.
SUITE 105
MIAMI FL 33122-1716



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-0750995		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ZAMORA, GEORGE S
3191 CORAL WAY
THIRD FLOOR
MIAMI FL 33145

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FARALDO, BEATRIZ G	1.2 NAME	
STREET ADDRESS	3950 S.W. 4TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	PIZELMAN, EVELYN G	2.2 NAME	PIZELMAN, MARCELO
STREET ADDRESS	9941 N.W. 51ST LANE	2.3 STREET ADDRESS	9941 NW 51st lane
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	SD	3.1 TITLE	SD
NAME	PIZELMAN, MARCELO	3.2 NAME	FARALDO, FAUSTO
STREET ADDRESS	7840 N.W. 25TH ST.	3.3 STREET ADDRESS	3950 SW 4 st
CITY-ST-ZIP	MIAMI FL 33122	3.4 CITY-ST-ZIP	MIAMI FL 33134
TITLE	TD	4.1 TITLE	TD
NAME	FARALDO, FAUSTO	4.2 NAME	PIZELMAN, EVELYN G
STREET ADDRESS	7840 N.W. 25TH ST.	4.3 STREET ADDRESS	9941 NW 51st lane
CITY-ST-ZIP	MIAMI FL 33122	4.4 CITY-ST-ZIP	MIAMI FL 33173
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 _____ 2-211-017 20510302855

CR2E034 (9/96)