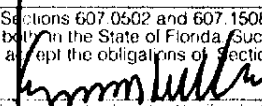
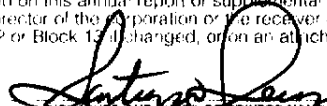


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 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 # PA 6000058347 1. Corporation Name Vissions of Green-Vog, INC			
Principal Place of Business 118 W. Orange ST STE 800 Altamonte Springs FL 32714		Mailing Address SAME	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country	
3. Date Incorporated or Qualified		3a. Date of Last Report	
4. FEI Number 59-3409069		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		10. Name and Address of New Registered Agent	
81. Name Kyle Kelley		82. Street Address (P.O. Box Number is Not Acceptable) 118 W. Orange ST. STE 800	
83.		84. City Altamonte Springs	
85. Zip Code FL 32714		86.	
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 4-20-97	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D Sergio Santiago		13.1 NAME ☐ Change ☐ Addition	
12.2 STREET ADDRESS 7535 Springlake Dr # D-1		13.2 STREET ADDRESS ☐ Change ☐ Addition	
12.3 CITY-STATE-ZIP Bethesda MD 20817		13.3 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.4 NAME D Frosso Frangos		13.4 NAME ☐ Change ☐ Addition	
12.5 STREET ADDRESS 7535 Springlake Dr # D-1		13.5 STREET ADDRESS ☐ Change ☐ Addition	
12.6 CITY-STATE-ZIP Bethesda MD 20817		13.6 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.7 NAME D. Emilre Pavezac		13.7 NAME ☐ Change ☐ Addition	
12.8 STREET ADDRESS 885 10th Ave # 3-D		13.8 STREET ADDRESS ☐ Change ☐ Addition	
12.9 CITY-STATE-ZIP New York, NY 10019		13.9 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.10 NAME ☐ DELETE		13.10 NAME ☐ Change ☐ Addition	
12.11 STREET ADDRESS ☐ DELETE		13.11 STREET ADDRESS ☐ Change ☐ Addition	
12.12 CITY-STATE-ZIP ☐ DELETE		13.12 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.13 NAME ☐ DELETE		13.13 NAME ☐ Change ☐ Addition	
12.14 STREET ADDRESS ☐ DELETE		13.14 STREET ADDRESS ☐ Change ☐ Addition	
12.15 CITY-STATE-ZIP ☐ DELETE		13.15 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.16 NAME ☐ DELETE		13.16 NAME ☐ Change ☐ Addition	
12.17 STREET ADDRESS ☐ DELETE		13.17 STREET ADDRESS ☐ Change ☐ Addition	
12.18 CITY-STATE-ZIP ☐ DELETE		13.18 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.19 NAME ☐ DELETE		13.19 NAME ☐ Change ☐ Addition	
12.20 STREET ADDRESS ☐ DELETE		13.20 STREET ADDRESS ☐ Change ☐ Addition	
12.21 CITY-STATE-ZIP ☐ DELETE		13.21 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.22 NAME ☐ DELETE		13.22 NAME ☐ Change ☐ Addition	
12.23 STREET ADDRESS ☐ DELETE		13.23 STREET ADDRESS ☐ Change ☐ Addition	
12.24 CITY-STATE-ZIP ☐ DELETE		13.24 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.25 NAME ☐ DELETE		13.25 NAME ☐ Change ☐ Addition	
12.26 STREET ADDRESS ☐ DELETE		13.26 STREET ADDRESS ☐ Change ☐ Addition	
12.27 CITY-STATE-ZIP ☐ DELETE		13.27 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.28 NAME ☐ DELETE		13.28 NAME ☐ Change ☐ Addition	
12.29 STREET ADDRESS ☐ DELETE		13.29 STREET ADDRESS ☐ Change ☐ Addition	
12.30 CITY-STATE-ZIP ☐ DELETE		13.30 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.31 NAME ☐ DELETE		13.31 NAME ☐ Change ☐ Addition	
12.32 STREET ADDRESS ☐ DELETE		13.32 STREET ADDRESS ☐ Change ☐ Addition	
12.33 CITY-STATE-ZIP ☐ DELETE		13.33 CITY-STATE-ZIP ☐ Change ☐ Addition	
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12.35 STREET ADDRESS ☐ DELETE		13.35 STREET ADDRESS ☐ Change ☐ Addition	
12.36 CITY-STATE-ZIP ☐ DELETE		13.36 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.37 NAME ☐ DELETE		13.37 NAME ☐ Change ☐ Addition	
12.38 STREET ADDRESS ☐ DELETE		13.38 STREET ADDRESS ☐ Change ☐ Addition	
12.39 CITY-STATE-ZIP ☐ DELETE		13.39 CITY-STATE-ZIP ☐ Change ☐ Addition	
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12.99 CITY-STATE-ZIP ☐ DELETE		13.99 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.100 NAME ☐ DELETE		13.100 NAME ☐ Change ☐ Addition	

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:  Director

4-20-97

Date Daytime Phone #

CR2E034 (9/96)