

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

FILED
Jun 18 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 # P96000079100 (9)

1. Corporation Name
VISIONCORP. INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1428 BRICKELL AVE
8TH FLOOR
MIAMI FL 33131

Mailing Address
1428 BRICKELL AVE
8TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
21 5605 NW 29 ST
Suite, Apt. #, etc.
22
City & State
23 MARGATE, FL
Zip
24 33063
Country
25 USA

2a. Mailing Address
26 5605 NW 29 ST
Suite, Apt. #, etc.
27
City & State
28 MARGATE, FL
Zip
29 33063
Country
30 USA

3. Date Incorporated or Qualified
09/23/1996
4. FEI Number 65-0749178
APPLIED FOR
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
LITMAN, ERIC P
1428 BRICKELL AVE
8TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name JAN KAPLAN
82 Street Address (P.O. Box Number is Not Acceptable) 5605 NW 29th STREET
83
84 City MARGATE FL 85 Zip Code 33063

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 *Jan Kaplan* JAN KAPLAN, President 6/8/98
Signature typed or printed name of officer and agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME PINEDA, OSMAN
STREET ADDRESS 1158 SW 131 PL CIR N
CITY-ST-ZIP MIAMI FL 33184
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DIRECTOR, PRESIDENT ☐ Change ☒ Addition
1.2 NAME JAN KAPLAN
1.3 STREET ADDRESS 5605 NW 29 ST
1.4 CITY-ST-ZIP MARGATE, FL 33063
2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME DAVID LOWENSTEIN
2.3 STREET ADDRESS 5605 NW 29 ST
2.4 CITY-ST-ZIP MARGATE, FL 33063
3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME SCOTT ROTHSTEIN
3.3 STREET ADDRESS 5605 NW 29 ST
3.4 CITY-ST-ZIP MARGATE, FL 33063
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 *Jan Kaplan* JAN KAPLAN, President 6/8/98 954-917-8700

CR2E034 (10/97)