**FILED** 

03-04-1999 90073 009 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOC	UMENT # P9600	00080420					
VISION LAB, INC.							
VIOIOI	V LAD, INC.				TERRETORI THE TRATE WHILE BANK BANK BANK BANK BANK BANK BANK BANK		MIO <b>61</b> 0 ( <b>śc</b> )
Principal Place of Business Mailing Address					) (30)(00) 110 10110 \$1111 \$6111 \$6111 \$6111	<b>1941 18111 E</b> ZISI BIBIO 1	
605 LINCOLN RD 605 LINCOLN RD							
STE 310 STE 310					DO NOT WRITE IN TH	HIS SPACE	
MIAMI FL 33139				3. Date Incorporated or Qualifed			
US		ŲŪ			09/26/1996		}
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			65-0702813		Applicable
Suite, A	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
27 27						Fee Rec	
	/ & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 ! Added to	
Zip			Country		This corporation owes the current year		7
24 ZIP	Country Zip Cou				Personal Property Tax.		□No
24	9. Name and Address of Cu		<u> </u>		10. Name and Address of New Register	ed Agent	
			81	Name			_
	itrastate registered agen		82	Street	Address (P.O. Box Number is Not Acceptable)		
1	01 BRICKELL AVENUE, SUITE 3	1000		UI 55.	Addiesa (1.0. Box 110112		
М	IIAMI FL 33131		83				
			84	City		85 Zip C	ode
						EL OS ZIPO	ristored
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 of	bligations of, Section 607.0505, Florid	la Statutes.				)
SIGNATUR	RE	and talls if applicable (NOTE 8	Ponistored Anen	* signature i	required when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	<del></del>
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Regi		13.	t Signeral .	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PCEO	☐ DELETE	1.1 TITLE		PCEO	☐ Change	Addition
NAME	EL-SAZZAR, AMIN		1.2 NAME		EL-GAZZAR AHTIN		
STREET ADDR					815 ESPANOLA WAY		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP		HIANT BEACH FL 33139		- Addison
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				, [
STREET ADDR	ESS		2.3 STREET		-		
CITY-ST-ZIP		D DELETE	2.4 CITY-S	T- ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE			□ ononge	
NAME			3.2 NAME 3.3 STREET ADDRES				
STREET ADDR	ESS		3.4. CITY-ST-ZII				1
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	·		4. 2 NAME				
STREET ADDR	F99		4.3 STREET ADDRESS				
CITY-ST-ZIP	E30		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	. 5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDR	ESS		5.3 STREET	ADDRESS			}
CITY-ST-ZIP			5.4 CITY-S1	Γ-ZIP			
TITLE	DELETE 61		61 TITLE			Change	■ Addition
NAME			6.2 NAME				

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 of 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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

D NAME OF SIGNING OFFICER OR DIRECTOR