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

FILED Jun 23, 1999 8:00 am Secretary of State

06-23-1999 90005 029 ***150.00

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DOCUMENT #	P98000047587
Corporation Name	

BEST VISION COPP Principal Place of Business Mailing Address 631 NW 82 AVE 631NW 82 AVE # 210 #210 DO NOT WRITE IN THIS SPACE MIAMI, FL 33126 MIHMI FL 33126 3. Date incorporated or Qualifed U S 07/20/98 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 631 NW 82 AVE # 210 631 NW 65-083914 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired m Ani FLORISA # 210 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 33126 28 14/19/11 Trust Fund Contribution Added to Fees Ziρ Zio Country This corporation owes the current year Intangible 33126 25 29 30 Personal Property Tax. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EVELIO F. MARTIN 82 Street Address (P.O. Box Number is Not Acceptable) 631 NW 82 AVE # 210 83 MIAMI PL 33126 84 City 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when re OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. MLE ☐ DELETE 1.1 TITLE ☐ Change Addition EVELIO F. MARTIL NAME 1.2 NAME 631 NW 82 AVE # 210 STREET ADDRESS 1.3 STREET ADDRESS

MIAMI FL 33/26 CITY-ST-ZIP 1.4 CITY-ST-ZIP VP MLE DELETE 21 TITLE ☐ Change ☐ Addition NAME ESTRELLA MARTIN 22 NAME STREET ADDRESS 631 NW-82 AVE #210 2.3 STREET ADDRESS MIAMI FL 33/26 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP MLF. ☐ DELETE 4.1 TITLE ☐ Change Addition ME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition Change 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADORESS 8.3 STREET ADDRESS CITY-ST-ZIP 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 an attachment with an address, with all other like empowered.

SIGNATURE:

ANRE RECOVERDANT

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(2.5) 626-0242

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BEST VISION CORP. 631 NW 82 AVE # 210 Miami, Fl 33126

Miami, June 16, 1999

P98000047587 579062-90005-29

Division of Corporations PO BOX 1500 Tallahassee, Fl 32302-1500

Best Vision Corp. was Formed on May 27, 1998 with document number P98000047587.

To date, we have not received the Annual Report for the Corporation, and as a result we have not paid the annual due.

I took an original report from another company, and completed the Form which I am sending to you with the \$ 150.00 Annual Fee.

If you have any questions do not heritage to call me at (305) 826-0707.

Sincerely,

Evelio F. Martin President