PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

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03-03-1999 90125 037 ***150.00

DOCUMENT #	P980000751	14
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DOCU	MENT # P98000	075114			
1	/ISION OF MIAMI, INC.				
				C HERCKRERZ HAR COLORY HANKA ARKIN BRANK ARKIN ALUKU HARRIY BRANK KURAN KIRAN KIRAN KIRAN KIRAN KIRAN KIRAN KIRA	
)
Principal Plac	e of Business	Mailing Address			
	EST 21ST STREET	6700 SOUTHWEST 21ST ST SUITE 200	REET		
SUITE 200 MIAMI FL 3315	5	MIAMI FL 33155		DO NOT WRITE IN THIS SPACE	
	•			3. Date Incorporated or Qualifed	
1				08/28/1998	
⊢	Place of Business	2a. Mailing Address		4. FEI Number Applied For Not Applicable	
21 Suite And	# oto	Suite, Apt. #, etc.		\$8.75 Additional	<u>-</u>
Suite, Apt.	W. etc.	27 Suite, Apr. 4, etc.		5. Certificate of Status Desired Fee Required	
City & Stat	te .	City & State			-=-
23		28		Trust Fund Contribution Added to Fees	_
Zip -=		Zip	- :Country	8. This corporation owes the current year Intangible	
24	25		30	Personal Property Tax. Yes No	{
	9. Name and Address of Current	t Registered Agent	81 Name \	10. Name and Address of New Registered Agent	
AME	ERILAWYER		1 1/0	ette binker	_
1	ALMERIA AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable),	
	RAL GABLES FL 33134		83	O.W. at Street	
				[a] 7: 0:da	
<u> </u>			84 City M iQn	FL 85 Zip Code 333,555	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered	
office or a	registered agent, or both, in the State or arn familial with, and agcept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized by the corporati da Statutes.	on a board of directors. I nereby accept the appointment as registered	1
SIGNATURE	(Hotte Linker	Odette B	inker	02/10/99	İ
<u> </u>	Signature, typed or pristed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	⊣ જ્જે
12.	OFFICERS AN	DELETE	13.	Change Addition	S S CR2E034 (11/98)
NAME	BINKER, ODETTE		1.2 NAME		<u>*</u>
STREET ADDRESS		न	1.3 STREET ADDRESS		ΙÄ
CITY-ST-ZIP	MIAM) FL 33155		1.4 CITY-ST-ZIP		&
TITLE		- DELETE	2.1 TITLE	Change Addition	on C
NAME	1		22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	∵ Chance ∏ Additio	
TITLE		☐ DELETE	3.1 TITLE	∵ Change	~" -
NAME			3.2 NAME		}
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	34 CITY-ST-ZIP	Change Additi	on.
NAME		_ 02.02.12	4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		_
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	on }
NAME			5.2 NAME		1
STREET ADDRESS			5 3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP	☐ Change ☐ Addilik	20
TITLE		☐ DELETE	6.1 TITLE 62 NAME	Charge Noting	~
NAME			62 NAME 63 STREET ADDRESS		l
STREET ADDRESS			64 CITY-ST-ZIP		1

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, with all other like empowered.

SIGNATURE: