*	1 UNIFORM BUS				٦				
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NARA				- JVISION OF CORP	STATE				
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Principal Place of Business Mailing Address						OI APR 30 PM	1:50:		
2300 CORAL WAY 2300 CORAL WAY SUITE 200 SUITE 200 MIAMI FL 33145 MIAMI FL 33145						and the second s	.r.		
				•		118111			
2. Principal Place of Business . 3. Mailing Address				<del></del>	$\dashv$				
	Coral Way		2300 Coral Way						
Suite, Apt. #, etc.       Suite, Apt. #, etc.         Suite -# -200       Suite # 200			<u> </u>		-	DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State			1	4. FEI Number Applied For			
	, Florida Country	Miami, Florida Zip Country			65-0912870	¢0.75	Not Applicable		
33145		1 '	US		5. (	Certificate of Status Desired [	⊒ \$8./5 Fee Red	Additional quired	
	6. Name and Address of Current I	Registered Agent			7. 1	Name and Address of New Regis	tered Agent		
FLORIDA ANNUAL REPORT SERVICES, INC.									
2300 CORAL WAY				Street Address (		P.O. Box Number is Not Acceptable)			
SUITE 200			-			· · · · · · · · · · · · · · · · · · ·			
MIAMI FL 33145				City			FL Zip	Code	
		$\overline{}$					rL		
SIGNATURE	e named entity submits this statement for Signature, typed or printed name of registered agent a		AMADA		A LOI	PEZ, President	T IT	7	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 200 Make Check Payable	1 Fee wi	II be \$550.00	tate	10. Election Campaign Financin Trust Fund Contribution.	- — Y	5.00 May Be dded to Fees	
til.	OFFICERS AND D		12.			DITIONS/CHANGES TO OFFICER			
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Indicated	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that my	eignature	chall have the	a camo la	egal effect as if made under nath: t	nor Lam an offic	COLOC dispositos	
SIGNAT	URE. Guta M.	MPP.	- ··,		•	4/15/01	-		
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