

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S03670** (4)

1. Corporation Name
VISION INDUSTRY PRODUCTS, INC.



Principal Place of Business Mailing Address
6977 NW 82 AVE SUITE 200 MIAMI FL 33166

3. Date Incorporated or Qualified **10/02/1990** 3a. Date of Last Report **03/09/1995**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

4. FEI Number **65-0218329** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROTH, LEON
10651 N KENDALL DR
SUITE 200
MIAMI FL 33176**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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: _____ DATE: _____
Signature type for public filing of registered agent and director only. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: DELETE
NAME: ~~ST PLAZA, SAMANTHA~~
STREET ADDRESS: ~~6977 NE 82 AVE~~
CITY, ST, ZIP: ~~MIAMI FL~~
TITLE: DELETE
NAME: **P ENGLE, AL**
STREET ADDRESS: **15443 SW 111 LN**
CITY, ST, ZIP: **MIAMI FL**
TITLE: DELETE
NAME: **V ROTH, LEON**
STREET ADDRESS: **4820 SW 82 AVE**
CITY, ST, ZIP: **MIAMI FL**
TITLE: DELETE
NAME: **ST JULIAN PLAZA**
STREET ADDRESS: **6977 NE 82 AVE**
CITY, ST, ZIP: **MIAMI, FL**
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 Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.11.96 305.591.5828

CR2E034 (12/95)