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

DOCUMENT # V23869

1. Corporation Name

BETTER SIGHT VISION CENTER, INCORPORATED

BETTEN SIGHT VIOLON OCHTERS	NOON ONAILD					
Principal Place of Business	Mailing Address			- I 19811 8110 to 11900 5110 t 18114 61116 total o	INDI NAMES MENTE NENES M	ANTA BANKA ANNA
11801 S. DIXIE HIGHWAY MIAMI FL	11801 S. DIXIE HIGHWAY MIAMI FL			· .		
		•		DO NOT WRITE IN T	HIS SPACE	,
				 Date Incorporated or Qualified 03/23/1992 		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	26			65-0334333	No	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
			Trust Fund Contribution		Added to	
Zip Country	Zip	Çou	intry	B. This corporation owes the current year	r Intangible	
24 25	29 30		-	Personal Property Tax. ☐ Yes ☐ No		□No
9. Name and Address of Current Registered Agent			T	10. Name and Address of New Registe	red Agent	
7 3 & 3 & 3 & 3 & 3 & 3 & 3 & 3 & 3 &			81 Name			
ARAQUE, LUIS CARLOS 11801 S. DIXIE HWY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL						
				1967年,於1968年,日本	網網網網	
tion o again with the			84 City		FL 85 Zip C	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Fiorida. Such change was al	utnonzed	ov the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its opointment as rec	registered gistered
SIGNATURE						
Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:		Agent signature required	d when reinstating) DATI		
	ND DIRECTORS .	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE D	☐ DELETÉ	1,1 TI	TLE		☐ Change	☐ Addition
TOTAL		1.2 N	ame	• •	•	
STREET ADDRESS 11801 S. DIXIE HWY	CC17651LCG		TREET ADDRESS		+ 1 + 1	,
CITY-ST-ZIP MIAMI FL		1.4 C	TY-ST-ZIP		-	
TITLE	☐ DELETE	2.1 Ti	TLE		☐ Change	☐ Addition
NAME	•	2.2 N	AME			
STREET ADDRESS		2.3 \$	TREET ADDRESS			
CITY-ST-ZIP.	• '		ITY-ST-ZIP			
TITLE Ass. (1) M/C 11 (1)	□ DELETE	3.1 1			Change	☐ Addition
NAME		3.2 N				
			TREET ADDRESS	The second of the second of the second	ಇ. ಆಪ್ರಗಳ ಇಟ್ಟಳು ಕಾ	5 55 E.C. (201)
STREET ADDRESS	,	L				独测器
CITY-ST-ZIP	☐ DELETE		TY-ST-ZIP		Change	Addition
TITLE .		4.1 Ti			change	
NAMES SOCIETY OF STREET	1.	4.2 N	IAME	,		

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 changes or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

6.1-TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

13913.09714.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GNAPPIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE --

DELETE

1/1/199 305. 232-5157 Date Phone #

. Change

☐ Change

☐ Addition

☐ Addition

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90037 035 ***150.00

CRZE034 (11/98)