

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 383168**

**(2)**

1. Corporation Name

**LOPEZ OPTICAL, INC.**



Principal Place of Business

**1340 S W 8TH ST  
MIAMI FL 33135**

Mailing Address

**1340 S W 8TH ST  
MIAMI FL 33135**

3. Date Incorporated or Qualified  
**06/01/1971**

3a. Date of Last Report  
**07/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FET Number

**59-1351393**

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

10. Name and Address of New Registered Agent

**LOPEZ, RAMON A  
1340 SW 8TH ST  
MIAMI FL 33135**

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 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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

Signature typed or printed (last name, first name and initials) of the agent

Date: Registered Agent signature accepted when received

DATE

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            | <b>P LOPEZ, RAMON A</b>         |
| STREET ADDRESS  | <b>1340 S.W. 8TH STREET</b>     |
| CITY - ST - ZIP | <b>MIAMI FL</b>                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            | <b>S YANES, TERESITA</b>        |
| STREET ADDRESS  | <b>1340 S.W. 8TH STREET</b>     |
| CITY - ST - ZIP | <b>MIAMI FL</b>                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                                                       |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. TITLE                                              |                                                                   |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY - ST - ZIP                                   |                                                                   |
| 2. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY - ST - ZIP                                   |                                                                   |
| 3. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY - ST - ZIP                                   |                                                                   |
| 4. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY - ST - ZIP                                   |                                                                   |
| 5. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY - ST - ZIP                                   |                                                                   |
| 6. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96 385-258-5745

CR2E034 (12/95)