2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Feb 03, 2003 8:00 am Secretary of State 432560 **DOCUMENT #** 02-03-2003 90030 035 ***150.00 Entity Name FUTURA OPTICAL COMPANY Principal Place of Business Mailing Address 1846 SW 8TH ST. 1846 SW 8TH ST. **MIAMI FL 33135** MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1516808 City & State City & State Applied For Not Applicable • Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, MARIO M Street Address (P.O. Box Number is Not Acceptable) 11810 SW 24TH TERRACE MIAMI FL 33145 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete TITLE PEREZ. MARIO M NAME NAMÉ 11810 SW 24TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP PEREZ, MARIA ElENA TITLE VD. Delete TITLE Change VALDES BALSINDE, CONRADO NAME NAME 11810 S.W. 24th TERR 11810 SW 24TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME PEREZ. HELENA NAME 11810 SW 24TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP RODRIGUEZ, ANA MARIA Change Addition Delete TITI F VALDES BALSINDE, JOSEFIN NAME NAME 11810 SW 24TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE -☐ Change ☐ Addition Delete

12. 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 report or supplemental reports 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is Thereby certify that the minimation supplies that all similarities indicated on this report or supplemental reports true and of the corporation or the receiver or trustee employered to changed or on an attachment with an address with all still changed, or on an attachme e empowered

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP