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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90182 024 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 702966**

1. Corporation Name

**FLORIDA LIONS EYE BANK, INC.**

Principal Place of Business

900 NW 17TH ST  
MIAMI FL 33136  
US

Mailing Address

131C  
BOX 016880 (ZIP 33101)  
MIAMI FL 33101-6880  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

10/03/1961

4. FEI Number

59-0967012

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

9. Name and Address of Current Registered Agent

MARY ANNE TAYLOR  
900 N.W. 17 STREET  
FLORIDA LIONS EYE BANK  
MIAMI FL 33136

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME STEPHENSON, P DEE M  
STREET ADDRESS 200 PALERMO PLACE  
CITY-ST-ZIP VENICE FL 34285

TITLE VD ☐ DELETE  
NAME PRELLWITZ, EDWARD  
STREET ADDRESS 828 NE 97TH ST  
CITY-ST-ZIP MIAMI SHORES FL

TITLE TD ☐ DELETE  
NAME MIGUEL, MIKE SAN  
STREET ADDRESS 4442 SEA GRAPE DR  
CITY-ST-ZIP LAUDERDALE BY THE SEA FL

TITLE VD ☐ DELETE  
NAME CHITWOOD, BARRY  
STREET ADDRESS 3000 NW 5TH TERRACE  
CITY-ST-ZIP POMPANO BEACH 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 Lino R. de la Hera, PDG, President  
1.3 STREET ADDRESS 580 South Drive  
1.4 CITY-ST-ZIP Miami, Fl 33166 ☐ Change ☐ Addition

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 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 of 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lino R. de la Hera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

305-592-1684

CR2E037 (11/98)