

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L57716** (7)

1. Corporation Name  
**OPTICAL EXPORTS, INC.**



Principal Place of Business: **7441 NW 8TH ST. UNIT B MIAMI FL 33126-9929**  
Mailing Address: **7441 NW 8TH ST. UNIT B MIAMI FL 33126-9929**

3. Date Incorporated or Qualified: **03/12/1990**  
3a. Date of Last Report: **03/31/1995**  
4. FET Number: **65-0179656**  
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, Fla. Stat.:  Yes  No

2. Principal Place of Business: **21 3901 NW 79th AVE**  
Suite, Apt. #, etc.: **22 109**  
City & State: **23 MIAMI, FLA**  
Zip: **24 33166** Country: **25**  
2a. Mailing Address: **26 3901 NW 79th AVE**  
Suite, Apt. #, etc.: **27 109**  
City & State: **28 MIAMI, FLA**  
Zip: **29 33166** Country: **30**

9. Name and Address of Current Registered Agent: **TAYLOR, RUTH S. 842 RAYMOND ST. MIAMI BEACH FL 33141**  
10. Name and Address of New Registered Agent: **81 Name: [REDACTED]**  
**82 Street Address (P.O. Box is not acceptable): [REDACTED]**  
**83 [REDACTED]**  
**84 City: [REDACTED] FL 85 Zip Code: [REDACTED]**

11. Pursuant to the provisions of Sections 607.0502 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 typed or printed name of registered agent and the filer, as applicable. (NOTE: Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RUTH S.	1.2 NAME	
STREET ADDRESS	842 RAYMOND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RUTH S.	2.2 NAME	
STREET ADDRESS	842 RAYMOND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 unchanged, or on an attachment with an address.

SIGNATURE: *Ruth S. Taylor* **305-415-7222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RUTH S. TAYLOR**  
Date: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

CR2E034 (12/95)