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

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90160 002 ***150.00

DOCU	MENT # L80064				ļ			
i. Corporatio	iii Name							
CARDEN	IAS OPTICAL, INC.				ļ			
Principal Plac	e of Business	Mailing Address				1 (46)	IBI BIBII BIBII DIBII BIBII	RIBII BIBII IBBI
% EVA BALSEI	IRO	% EVA BALSEIRO					-	
2779 SW 31ST AVE 2779 SW 31ST AVE						DO NOT WRITE	N TUIC COACE	•
MIAMI FL 3313	J	MIAMI FL 33133			ì	DO NOT WRITE 3. Date Incorporated or Qualifed	N THIS SPACE	
						06/13/1990		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	I A	pplied For
21		26			1	65-0229065	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			"	5. Certifcate of Status Desired		Additional
27						5, Certificate of Status Desired	Fee R	equired
	City & State City & State					6. Election Campaign Financing		May Be
23	28					Trust Fund Contribution	Added	to Fees
Zip 24	Country Zip Cour 25 29 30			шу		 This corporation owes the current Personal Property Tax. 	year Intangible ☐ Yes	□No
	9. Name and Address of Current		1301			10. Name and Address of New Reg		
		<u> </u>		81	Name			
	SEIRO, EVA		}-	82	Ctroot Addrson	is (P.O. Box Number is Not Acceptable	\	
2779 SW 31ST AVE				02	Sileet Augres	s (F.O. Box Number is Not Acceptable	,	}
MIAI	WI FL 33133		Ī	83				
			L	84	City		85 Zip	Code
				l			<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the ab	ove-n	amed corpora	ation submits this statement for the pur 's board of directors. I hereby accept th	pose of changing its	s registered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Fi	lorida Statu	tes.	a corporation	a bodia of directors. I fillions accept in	o appointment as re	-gistorou
SIGNATURE							DATE	
12.	Signature, typed or printed name of registered agent		13.	igent se	gnature required w	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE			1.1 TITL	.E		7.0511101107011111020 10 07110	☐ Change	Addition
NAME	BALSEIRO, EVA		1.2 NAN	Æ				j
STREET ADDRESS	0770 OM 0407 115		1.3 STR	EET AD	ODRESS			}
CITY-ST-ZIP	MIAMI FL 140		1.4 CIT	/-ST-Z	SP _			
TITLE	DELETE 2.1 TI		2.1 TITL	E			☐ Chaпge	Addition
NAME			2.2 NAN	Æ	Í			}
STREET ADDRESS			2.3 STR	EETAC	DRESS			
CITY-ST-ZIP				Y-ST-Z	ZIP			- Addition
TITLE		☐ DELETE	3.1 TITL				☐ Change	Addition
NAME			3.2 NAM					
STREET ADDRESS			1		DRESS			}
CITY-ST-ZIP TITLE		☐ DELETE	3.4, CIT 4.1 TITL		IP		☐ Change	Addition
NAME		_ 5225.4	4. 2 NA					
STREET ADDRESS			4.3 STR		ORESS			
CITY-ST-ZIP			4.4 CITY]
TITLE								
NAME		☐ DELETE	5.1 1111.		i i		☐ Change	☐ Addition
		[] DELETE		E			Change	☐ Addition
STREET ADDRESS		☐ DELETE	5.1 TITL	E E	DRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY	E EET AD '-ST-ZI	1		☐ Change	☐ Addition
i		☐ DELETE	5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL	E EET AD '-ST-ZJ	1		☐ Change	☐ Addition
CITY-ST-ZIP			5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY	E IE EET AD '-ST-ZI E	P			

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 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, with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM