FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000013388 (2)

1. Corporation Name
OPTICAL ELEMENTS, INC.

Principal Place of Business	Mailing Address
542 LINCOLN ROAD MIAMI BEACH FL 33139	9 ISLAND AVE 609 MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9 ISLAND AVE.	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/22/1993	
Suite, Apt. #, etc. 22 609	Suite, Apt. #, etc. 27	4. FEI Number 65-0389473	☐ Applied For ☐ Not Applicable
City & State 23 MIAMI BEACH FL	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 33139	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELLIS, GLORIA 9 ISLAND AVE NO 609 MIAMI BEACH FL 33139	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 607.1508, 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	ELLIS, GLORIA		1.2 NAME	~~[illegible]~~ ELLIS, GLORIA	
STREET ADDRESS	9 ISLAND AVENUE, NO. 609		1.3 STREET ADDRESS	9 ISLAND AVENUE, NO 609	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	ELLIS, SCOTT E		2.2 NAME	ELLIS, SCOTT E	
STREET ADDRESS	9 ISLAND AVE. NO. 609		2.3 STREET ADDRESS	9 ISLAND AVENUE NO 609	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: SCOTT E. ELLIS DIRECTOR 3/11/98 305 532-2816