

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S06975 (4)**  
1. Corporation Name  
**EYETEL OPTICS, INC.**



Principal Place of Business <b>1510 NW 78TH AVENUE MIAMI FL 33126 US</b>	Mailing Address <b>1510 NW 78TH AVENUE MIAMI FL 33126-1104 US</b>
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3. Date incorporated or Qualified <b>10/16/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>3151 Executive Way</b> State, Apt. #, etc.	2a. Mailing Address 26 <b>3151 Executive Way</b> State, Apt. #, etc.
22 City & State 23 <b>Miramar FL</b>	27 City & State 28 <b>Miramar FL</b>
24 Zip <b>33025</b> Country <b>Broward</b>	29 Zip <b>33025</b> Country <b>Broward</b>

4. FEI Number <b>65-0221938</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ULLMAN, SAMUEL C. C/O KELLEY, DRYE &amp; WARREN 201 S BISCAYNE BLVD STE 2400 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0532 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	11 TITLE <b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME <b>BERL, ANDRES</b>		12 NAME	
STREET ADDRESS <b>1510 NW 78TH AVENUE</b>		1.3 STREET ADDRESS <b>3151 EXECUTIVE WAY</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>MIRAMAR FL 33025</b>	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	21 TITLE <b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME <b>BERL, CARLOS</b>		22 NAME	
STREET ADDRESS <b>1510 NW 78TH AVENUE</b>		2.3 STREET ADDRESS <b>3151 EXECUTIVE WAY</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>MIRAMAR FL 33025</b>	
TITLE <b>PSTD</b>	<input type="checkbox"/> DELETE	31 TITLE <b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME <b>ROSS, JERROLD M.</b>		3.2 NAME	
STREET ADDRESS <b>1510 NW 78TH AVENUE</b>		3.3 STREET ADDRESS <b>3151 EXECUTIVE WAY</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP <b>MIRAMAR FL 33025</b>	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ULLMAN, SAMUEL C.</b>		4.2 NAME	
STREET ADDRESS <b>201 S BISCAYNE BLVD STE 2400</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 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	61 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	

11 TITLE <b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
12 NAME
1.3 STREET ADDRESS <b>3151 EXECUTIVE WAY</b>
1.4 CITY-ST-ZIP <b>MIRAMAR FL 33025</b>
21 TITLE <b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
22 NAME
2.3 STREET ADDRESS <b>3151 EXECUTIVE WAY</b>
2.4 CITY-ST-ZIP <b>MIRAMAR FL 33025</b>
31 TITLE <b>Change</b> <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME
3.3 STREET ADDRESS <b>3151 EXECUTIVE WAY</b>
3.4 CITY-ST-ZIP <b>MIRAMAR FL 33025</b>
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
51 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
61 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:  **JERROLD M ROSS** Date: **954 441 9997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)