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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 276280

(5)

NEW YORK OPTICAL CO. OF FLORIDA, INC.

Principal Place of Business

Mailing Address

168 S E 1ST STREET MIAMI FL 33131

168 S E 1ST STREET MIAMI FL 33131



04/25/1995

12/26/1963

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<u> </u>			<u> </u>	2a. Mailing Address			4. FEI Number			L	Applied For		
21			26				59-1036658	3		L_	Not Applicable		
Suite, Apt. #, etc.			<u>⊢</u>	Suite, Apt. #, etc.			5. Certificate of Status	Desired			75 Additional		
22	City P Otes		27 Ch. 9 Ch. 1								ee Required		
23	City & State	28				,	6. Election Campaign Financing Trust Fund Contribution Struct Fund Contribution Struct Fund Contribution Added to Fees						
	Zip 1	Country	Zip		Country		8. This corporation has	. 9		k unde	rs 199.032.		
24	L	25	[29]	30			Florida Statutes	Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
							ame						
						Street Address (P.O. Box Number is Not Acceptable)							
168 S.E. 1ST STREET, 4TH FLOOR					<u> </u>								
	Miami e	BEACH FL 33131		83									
				84	+-	Orty	•			85	Zip Code		
				64	`	"Mic	3Mi		FL	00	Fib COOR		
	or register familiar wit IGNATURE	to the provisions of Sections 607.05 ea agent, or both, in the State of Fig. 1, and accept the obligations of, Sections in the state of the obligations of Sections of the obligations o	onda: Such change was autho octon 607.0505, Fiorida Statu	rized by the con-	iora	tion's board	of directors. Thereby acc	ept the appointme	ent as i	egiste	red agent. I am		
12			ND DIRECTORS	13. ■	. (5)	jaalie negerad v	ADDITIONS CHANG			DIBLO	TORS IN 12		
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NA	AME SM	GOLDMAN, MADELINE		1.2 NAME					<u></u>				
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	TY-ST-ZIP	MIAMI BEACH FL		14 DITY - 9		e Ab	Hh Miami	beach					
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NA	AME	GOLDMAN, HOWARD	ban d	2.2 NAME		المال							
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NA	rwe.	GOLDMAN, WAYNE	~	3.2 NAME						•	- -		
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C-1	tv Ct 710	}		64000									

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 if changed, or on an affacting with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 (305)371-3688