04201999-90310-002-$150.00-$150.00

**FILED**
**Apr 20, 1999 8:00 am**
**Secretary of State**
04-20-1999 90310 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 304313

1. Corporation Name
A & A OPTICAL INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2364 S. W. 8TH ST<br>MIAMI FL 33135 | 2364 S. W. 8TH ST<br>MIAMI FL 33135 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1966

4. FEI Number: 59-1142870 ☐ 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 owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

9. Name and Address of Current Registered Agent

PLANA, FRANK
6766 ORCHID DRIVE
MIAMI LAKES, FL
33014

10. Name and Address of New Registered Agent

81 Name: Millares, Rafael
82 Street Address (P.O. Box Number is Not Acceptable): 2200 S.W. 22 Terrace
83
84 City: Miami FL 85 Zip Code: 33145

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: [signature] RAFAEL Millares, President 4/20/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | TD | ☐ DELETE | 1.1 TITLE | President | ☒ Change ☐ Addition |
| NAME | MILLARES, RAFAEL | | 1.2 NAME | Millares, Rafael | |
| STREET ADDRESS | 2364 SW 8TH STREET | | 1.3 STREET ADDRESS | 2364 SW 8th Street | |
| CITY-ST-ZIP | MIAMI, FL 00000 | | 1.4 CITY-ST-ZIP | Miami, FL 33135 | |
| TITLE | PSD | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PLANA, FRANK | | 2.2 NAME | | |
| STREET ADDRESS | 2364 SW 8TH STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 00000 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | | | 3.2 NAME | Millares, Saba | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 2364 S.W. 8th Street | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | Miami, FL 33135 | |
| 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 | | |

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 all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED (305)643-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)