

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 415564 (4)
1. Corporation Name
PALM SPRINGS OPTICAL, INC.



Principal Place of Business: **1435 WEST 40 PLACE, SUITE 303 HIALEAH FL 33012**
Mailing Address: **1435 WEST 40 PLACE, SUITE 303 HIALEAH FL 33012**
240 East 1st Ave suite 109 Hialeah - FL 33010

21	2. Principal Place of Business <i>same above</i>	26	2a. Mailing Address <i>same above</i>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 12/28/1972	3a. Date of Last Report 04/05/1995
4. FEI Number 59-1444628	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARAN, FERNANDO S ARAN CORREA AND GUARCH, P.A. 710 S. DIXIE HIGHWAY GORAL GABLES FL 33184		10. Name and Address of New Registered Agent	
81	Name <i>Carmen Suarez - Mederos</i>	83	City <i>Hialeah</i>
82	Street Address (P.O. Box Number is Not Acceptable) <i>240 East 1st Ave suite 109</i>	84	City
85	Zip Code FL 33181		

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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: *Carmen Suarez* 3/28/96
Signature, typed or printed name of registered agent, and date if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T.S.T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZGANO, SYLVIA	1.2 NAME	<i>Carmen Suarez - Mederos</i>
STREET ADDRESS	1124 VALENCIA AVE	1.3 STREET ADDRESS	<i>240 East 1st Ave suite 101</i>
CITY-ST-ZIP	GORAL GABLES FL	1.4 CITY-ST-ZIP	<i>Hialeah - FL 33010</i>
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZGANO, GABRIEL G	2.2 NAME	
STREET ADDRESS	1925 OAK CREEK ROAD #247	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER RIDGE LA 70123	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 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	6.1 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	

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 attachment with an address.

SIGNATURE: *Carmen Suarez* 3/28/96 (305) 8840030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)