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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

458270 (6)

NEW YORK OPTICAL - WESTERN HEMISPHERE, INC.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



168 S E FIRS MIAMI FL 331		168 S E FIRST ST Miami FL 33131			DO NOT WRIT	F IN THIS SPA	VCE		
					3. Date Incorporated or Qualified 10/04/1974	2 114 17 10 01 1			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ar	oplied For	
21 23/6	3. W. 6015 Terrace	26 2316 S.W. 60th Terrace		59-1569107		No	ot Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	imar, FL	City & State 28 Miramar, FL Zip Cauntry			Election Campaign Financing Trust Fund Contribution	Trust Fund Contribution Added to Fees			
Zip 24 3302	1	29 33023		oward	This corporation owes or has p Personal Property Tax due June	e 30.	res [tangible No	
	9. Name and Address of Current I	Registered Agent		81 Name	10. Name and Address of New R	egistered Age	nt		
GOLDMAN, HOWARD									
188 S.E. 1ST STREET, 4TH FLOOR Miami Fl 33131				Street Address (P.O. Box Number is Not Acceptable) 6820 5.W. 3645 Street					
				84 City	Come	FL '	35 Zip	Code 3023	
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed name of registered agent a			Agent signature requ	uired when reinstating)	DATE	DEOTOS	10.10.10	
12. TITLE	OFFICERS AND D	DELETE DELETE	13.	T-	ADDITIONS/CHANGES TO OFFI		Change	Addition	
NAME	GOLDMAN, KAREN		1,2 NA			_	Onlingo	, Nounion	
STREET ADDRESS	6820 SW 36 ST			REET ADDRESS					
CITY-ST-ZIP	MIRAMAR FL			Y-ST-ZIP					
TITLE	SP	DELETE	2.1 117				Change	Addition	
NAME	GOLDMAN, HOWARD		2.2 NA	Ĭ					
STREET ADDRESS	6820 SW 36TH STREET		2.3 STI	REET ADDRESS					
CITY-ST-EIP	MIRAMAR FL		1	TY-ST-ZIP					
TITLE		DELETE	3.1 TIT	LE			Change	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP					
TITLE		DELETE	4.1 TIT	LE			Change	Addition	
NAME			4. 2 NA	ME				į.	
STREET ADDRESS			43 STI	REET ADDRESS					
CITY-ST-ZIP		····		Y-ST-ZIP					
TITLE		☐ DEL E TE	5.1 TIT			Li	Change	Addition	
NAME			5.2 NA					ļ	
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		POLETE		Y-SI-7 P			Oberre	A de distriction	
TITLE		DELETE	6.1 TIT	Y			Change	Addition	
NAME			6.2 NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			64 CIT	Y-ST-ZIP			-		

14. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.