

INFORMATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
\$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

ANNUAL REPORT
1995



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

DOCUMENT # 578998

(7)

1. Corporation Name

EYE TO EYE OPTICAL, INC.

FILED

1995 JUL 19 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
4201 PALM AVE 4201 PALM AVE
HIALEAH FL 33012 HIALEAH FL 33012

3. Date Incorporated or Qualified 07/26/1978 3a. Date of Last Report 08/12/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

4. FBI Number 59-1881888 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALONSO, RODOLFO
6915 WEST 10TH AVE.
HIALEAH, FL 33014

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, 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 PST
NAME ALONSO, RODOLFO
STREET ADDRESS 1305 W 48TH ST STE 112
CITY - ST - ZIP HIALEAH, FL 33012

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D
NAME ALONSO, RODOLFO
STREET ADDRESS 1305 W 48TH ST STE 112
CITY - ST - ZIP HIALEAH, FL 33012

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
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TITLE
NAME
STREET ADDRESS
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TITLE
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4.1 TITLE ☐ Change ☐ Addition
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5.1 TITLE ☐ Change ☐ Addition
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(d), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/95
Date

305-882-7446
Daytime Phone

CR2E034 (3/95)