

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morikam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **620349** (1)
1. Corporation Name
MULTIFOCAL RX LABORATORIES, INC.

Principal Place of Business 1401 BRICKELL AVE STE 500 MIAMI FL 33131 US	Mailing Address 1401 BRICKELL AVE STE 500 MIAMI FL 33131-3501 US
---	--

2. Principal Place of Business 21 216 VALLEY HILL RD. Suite, Apt. #, etc. 22 City & State 23 RIVERDALE, GA Zip 24 30274 Country 25 USA	2a. Mailing Address 26 216 VALLEY HILL RD. Suite, Apt. #, etc. 27 City & State 28 RIVERDALE, GA Zip 29 30274 Country 30 USA
--	---

3. Date Incorporated or Qualified 04/26/1979	3a. Date of Last Report 03/12/1996
4. FEI Number 59-1951076	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEACH, NEIL E 1401 BRICKELL AVENUE MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name RONALD FIELDSTONE, ESQ. / NEIL E. LEACH 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. MICKELAYNE BLVD. # 2103 83 MIAMI, FL 84 City FL 85 Zip Code 33131
---	---

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 *Ronald Fieldstone* DATE **4/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, NEIL E.	1.2 NAME	
STREET ADDRESS	1401 BRICKELL AVE, STE 500 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, GLORIAN K	2.2 NAME	
STREET ADDRESS	1401 BRICKELL AVE, STE 500 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97 305-358-7770

Date

Daytime Phone #

0170567

CR2E034 (9/96)