

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 10:29

DOCUMENT # 621260

(9)

1. Corporation Name

OPTICA HABANA, INC.

Principal Place of Business

**3709 N.W. 7TH STREET
MIAMI FL 33126-5701**

Mailing Address

**3709 N.W. 7TH STREET
MIAMI FL 33126-5701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/09/1979

3a. Date of Last Report

05/09/1994

4. FEI Number

59-1905095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACOSTA, JULIO JR.
5204 WEST 26TH AVENUE
HIALEAH FL 33016**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

17361 S.W. 144 Ct

84 City

MIAMI

FL

85 Zip Code

33177

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 the if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSD

NAME

DE ACOSTA, OLGA FERRER

STREET ADDRESS

8764 S.W. 38 ST.

CITY - ST - ZIP

MIAMI FL 33165

TITLE

TD

NAME

ACOSTA, JULIO JR.

STREET ADDRESS

1100 WEST 46TH STREET

CITY - ST - ZIP

MIAMI FL 33012

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

OLGA FERRER - PRESIDENT

Date

Daytime Phone