

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

* CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:14

DOCUMENT # 624659

(9)

1. Corporation Name

NODA OPTICAL LABORATORY, INC.

Principal Place of Business

1047 W. FLAGLER ST.
MIAMI FL 33130

Mailing Address

1047 W. FLAGLER ST.
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1920821

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

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NODA, CARLOS
1047 W. FLAGLER ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

NODA, CARLOS M.

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

1051 N.W. 1st STREET

83

84 City

MIAMI

FL

85 Zip Code

33130

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 this declaration.

(NOTE: Registered Agent Signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~NODA, CARLOS M.~~
~~1047 W. FLAGLER ST.~~
~~MIAMI FL 33130~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

NODA, CARLOS M.
1051 N.W. 1st STREET
MIAMI, FL. 33130

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

PRES./SEC./TREAS.

NODA, CARLOS M.

1051 n.w. 1st STREET

MIAMI, FL. 33130

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the manager 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 or in Block 14, if on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

PRESIDENT 01/11/95

Date

Signature Printed Name