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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 624659

(9)

NODA OPTICAL LABORATORY, INC.

FILED Mar 03 1997 8:00am Secretary of State

Principal Pa 1047 W. FLAC MIAMI FL 331	- · · · · -	Mailing Address 1047 W. FLAGLER ST. MIAMI FL 33130-1031	1047 W. FLAGLER ST.					
					3. Date Incorporated or Qualified 07/10/1979	3a. Date of Last F	Report	
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	 	oplied For	
21		26	26		59-1920821	N	ot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired		Additional equired	
City & State		City & State	₁		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	inta gible tax under s	. 199.032,	
24	25	29	30	·	7	Yes 🗌 No		
Name and Address of Current Registered Agent				221	10. Name and Address of New Registered Agent			
	DA, CARLOS M.		1	81 Name	•			
1051 N.W. 1ST STREET			<u> </u>	82 Street Add	reet Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33130								
				83			·	
				84 City		FL 85 Zip	Code	
11. Pursuar office or agent 1	it to the provisions of Sections 607.6 registered agent, or both, in the St am farm ar with, and accept the ot	502 and 607.1508, Florida State of Florida. Such change with gations of, Section 607.0505	atules, the ab as authorized , Florida Statu	ove-named cor by the corpora ites.	poration submits this statement for the pation's board of directors. I hereby accept		ts registered registered	
SIGNATURE								
	Signature dynection productions of regisered a joint and treat applicable (INOTE Rogiste			stered Agent signature required when reinstating) DATE				
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TOTALE	7 7 7		1.1 1(1)			Change	☐ Addition	
NAME	4054 MINI 40T OTDEFT		1.2 NAM	•			-	
STREET ACCURESS	belast Fr			REE1 ADDRESS				
City-S1-ZiP				Y-\$1-ZIP				
TIPLE	<u> </u>		2.1 TITI			L Change	Addition	
NAME	İ		2 2 NAI	ME			1	
STREET ADDRESS	2.3		2.3 STP	REET ADDRESS				
CITY ST ZIP				IY-ST-ZIP				
THE	DELETE 3.1		3.1 TITO	l e	•	Change	Addition	
NAME			3 2 NA	ME				
STREET ADDRESS	ETADURESS 33		3 3 STA	KEET ADDRESS	•			
City St-70°			3.4. C()	Y-ST-ZIP				
TITLE		☐ DELETE	4 1 TITL	.E		Change	Addition	
I					*			

6.4 CITY-ST-ZIP 14. I do nereby cert by 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 13 of changed, or on an attactionent with an address.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET AUDIFESS

STREET ADDRESS

STREET ADDRESS.

CHY-\$1-70

CUY-\$1-7#

THEF

NAM?

10.5

NAME

DELETE

DELETE

Change

☐ Change

Addition

___ Addition