

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 645153 (8)

1. Corporation Name

ADOLFO J. PEREIRA OPTOMETRIST, P.A.



Principal Place of Business

4659 W FLAGLER
MIAMI FL 33134

Mailing Address

4659 W FLAGLER
MIAMI FL 33134

3. Date Incorporated or Qualified
11/14/1979

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

21 650 MAITLAND AVE

2a. Mailing Address

26 650 MAITLAND AVE

4. FEI Number

59-1953439

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. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 ALTAMONTE SPRINGS FL.

City & State

28 ALTAMONTE SPRINGS, FL.

Zip

24 32701

Country

25 USA

Zip

29 32701

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTONIO J SOTO III
8500 W. FLAGLER STREET, SUITE A-105
MIAMI 33144-9037

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

TITLE PT ☒ DELETE

NAME PEREIRA, ADOLFO J
STREET ADDRESS 4659 W FLAGLER ST
CITY-ST-ZIP MIAMI FL

TITLE S ☒ DELETE

NAME ARIAS, MIGUEL
STREET ADDRESS 4659 W FLAGLER ST
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME PEREIRA, ADOLFO J
STREET ADDRESS 4659 W FLAGLER ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME ADOLFO J. PEREIRA OP.
1.3 STREET ADDRESS 650 MAITLAND AVE.
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701

2.1 TITLE ADOLFO PEREIRA ☒ Change ☐ Addition

2.2 NAME VICE PRESIDENT III M.D.
2.3 STREET ADDRESS 650 MAITLAND AVE
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701

3.1 TITLE MARTA PEREIRA ☒ Change ☐ Addition

3.2 NAME SECRETARY TREASURER
3.3 STREET ADDRESS 650 MAITLAND AVE.
3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 119.07(3)(k), 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: Adolfo Pereira OP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-96 407-331-7807

CR2E034 (12/95)