


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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 650 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701 US	Mailing Address 650 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2030 SW 106 Ct. Suite, Apt. #, etc. 22 City & State 23 Miami, FL. Zip 24 33135 25 USA		2a. Mailing Address 26 2030 SW 106 Ct. Suite, Apt. #, etc. 27 City & State 28 Miami, FL. Zip 29 33135 30 USA		3. Date Incorporated or Qualified 11/14/1979	4. FEI Number 59-1953439 Applied For <input type="checkbox"/> 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	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent ANTONIO J SOTO III 8500 W. FLAGLER STREET, SUITE A-105 MIAMI FL 33144-8037				10. Name and Address of New Registered Agent 81 Name ADOLFO J Pereira 82 Street Address (P.O. Box Number is Not Acceptable) 2030 SW 106 Ct 83 84 City Miami FL 85 Zip Code 33135	
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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 *Adolfo Pereira* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	PEREIRA, ADOLFO J.	1.2 NAME	Pereira, ADOLFO J.
STREET ADDRESS	650 MAITLAND AVE.	1.3 STREET ADDRESS	2030 SW 106 Ct.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	VP	2.1 TITLE	VP
NAME	PEREIRA, ADOLFO	2.2 NAME	Pereira, Adolfo
STREET ADDRESS	650 MAITLAND AVE.	2.3 STREET ADDRESS	2030 SW 106 Ct.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	ST	3.1 TITLE	ST
NAME	PEREIRA, MARTA	3.2 NAME	Pereira, Marta
STREET ADDRESS	650 MAITLAND AVE.	3.3 STREET ADDRESS	2030 SW 106 Ct.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	3.4 CITY-ST-ZIP	Miami, FL 33135
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Adolfo Pereira* *Adolfo Pereira*

CR2E034 (10/97)