

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **709169** (7)

1. Corporation Name

**DADE COUNTY OPTOMETRIC ASSOCIATION, INC.**



Principal Place of Business

**1825 NE 164TH ST  
N. MIAMI BEACH FL 33162**

Mailing Address

**1825 NE 164TH ST  
N. MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified  
**06/18/1965**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number  
**59-2017621**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TESCHER, DR EDWARD  
1825 NE 164TH ST  
N MIAMI BCH, FL  
33162**

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 617.0502 and 617.1508, 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 617.0503, 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEVITT, ALAN	
STREET ADDRESS	1031 IVES DAIRY ROAD, SUITE 133	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	KUNDL, JOANNE	
STREET ADDRESS	1304 N. KRONE AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOLBROOK, STEVEN	
STREET ADDRESS	16400 NW 2 AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EDWARDS, ALMOND	
STREET ADDRESS	6823 NW 15 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROTH, DAVID	
STREET ADDRESS	138 NE 2 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYER, DANIEL	
STREET ADDRESS	7480 FIARWAY DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Emilio BALIUS</b>	
1.3 STREET ADDRESS	<b>16400 NW 2nd Av #201</b>	
1.4 CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33169</b>	
2.1 TITLE	<b>ALMONO FELIX, PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>1353 Coral Way Elect.</b>	
2.3 STREET ADDRESS	<b>Miami, FL 33145</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>edwards Almond.</b>	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>400001800924</b>	
5.4 CITY-ST-ZIP	<b>-04/30/96--01043--001</b>	
6.1 TITLE	<b>***61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Emilio BALIUS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-96 (305) 9491600**

CR2E037 (12/95)

4/30/96