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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709169

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/18/1965

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

9. Name and Address of Current Registered Agent

TESCHER, DR EDWARD  
1825 NE 164TH ST  
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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 D  
NAME BALIUS, EMILIO  
STREET ADDRESS 16400 NW 2ND AV #201  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D  
NAME FELIX, ALONSO  
STREET ADDRESS 1353 CORAL WAY  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME SCOTT, PEARL  
STREET ADDRESS 6651 S DIXIE HWY  
CITY-ST-ZIP SOUTH MIAMI FL 33133

TITLE D  
NAME DWARDS, ALMOND  
STREET ADDRESS 6823 NW 15 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME ROTH, DAVID  
STREET ADDRESS 138 NE 2 AVENUE  
CITY-ST-ZIP MIAMI FL

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

P  
EMILIO BALIUS  
16400 NW 2ND AVE #201  
NORTH MIAMI BEACH, FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

V  
JOSE A. CASTILLO  
3001 W 12 AVE #9  
MIAMI BEACH FL 33012

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

T  
SUSANNE TANKINS  
345 OCEAN DR #921  
MIAMI BEACH, FL 33139

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

S  
KEAT POMELLA  
1825 NE 186 ST # 10  
North Miami Beach, FL 33179

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)