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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F24022

(8)

**FILED** Apr 29 1997 8:00am Secretary of State

BODRIGUEZ MUITO, GABATISTE EMBADEAL OPTICIANS, P.A							
LD	EAC OPTICIA	NIS P.A	N/C 1/	24/97			
Principal Plac	ce of Business	Mailing Address	<del>-14/- /</del>	~ 11			
11130 N. KEN	IDALL DR.	11130 N. KENDALI	L DR.				
SUITE 102	<b>~</b>	SUITE 102	000				
MIAMI FL 33176 MIAMI FL 33176-0939			N9		Date Incorporated or Qualified     03/19/1981	3a. Date of Last I 05/01/1996	
2. Principal F	Place of Business	2a. Mailing Addre	ss		4. FEI Number		pptied For
21		26	,	<del> </del>	59-2088816		lot Applicable
Suite, Apt. 22		Suite, Apt. #, (	etc.		6. Certificate of Status Desired	1 1 7 7	Additional lequired
City & Sta <b>23</b>	le	City & State			Election Campaign Financing     Trust Fund Contribution		) May Be I to Fees
Zip	Country	Zip	<del></del>	untry	8. This corporation has liability for i	ntangible tax under	в. <b>19</b> 9.032,
24	25   9. Name and Address of Currel	29	30	·	Florida Statutes  10. Name and Address of New Re	Yes No	
	BARGA, GONZALO J.	It Hegistered Agent	***************************************	81 Name	IV. Italia Bile Address of term (19)	Jistelan vilain	
	130 N. KENDALL DR.						
SUITE 102				82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	WII FL 33176			83			······································
				84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florid	a Statutes, the a	bove-named cor	rporation submits this statement for the p	urpose of changing	its registered
office or actent. La	registered agent, or both, in the State are tamiliar with, and accept the oblice	of Florida, Such chang lations of Section 607 (	je was authorize 1506. Florida Sta	ed by the corpora	ation's board of directors. I hereby accep	t the appointment a	s registered
SIGNATURE			, ,				
SIGNATION L	Stignature, typical or printed name of registered ag		(NOTE: Register	ed Agent signature requ		DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
1:TLF	PVD CABARGA, GONZALO	L DEŁ			•	L_ Change	Addition
NAMS	11130 N. KENDALL DR #102			IAME			
STREET ADDRESS CITY - ST - ZIP	MIAMI FL		8 '	STREET ADDRESS			
THIE	THE WAY I E		1.4 (	URU OT THE			28/96
		□ DEL		STY-ST-ZIP		Change	33/76 Addition
NAME		☐ DEL	.ETE 2.1 Y	ITLE		☐ Change	33/76 ☐ Addition
NAME STREET ADDRESS.	<u>{</u>	□ DEI	ETE 2.1 T	ITLE LAME		☐ Change	33/76 Addition
NAME STREET ADDRESS ODV-ST-ZIP		□ DEI	ETE 2.1 Y 22 h 23 S	ITLE	**************************************	Change	33/76 Addition
STREET ADDRESS		□ DEL	ETE 2.11 22h 235 2.44	ITLE  LAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	33/76  Addition
STREET ADDRESS OUTV-ST-ZIP			ETE 2.1 T 22 h 23 S 2.4 LETE 3.1 T	ITLE  LAME  STREET ADDRESS  CITY-ST-ZIP			
STREET ADDRESS OF Y-ST-ZIP THEF			ETE 2.11 22h 235 2.4 ETE 3.11 32h	ITLE LAME STREET ADDRESS CITY-ST-ZIP			
STREEL ADDRESS ORY - ST - ZIP THEF NAME		□ DEU	ETE 2.11 22h 23 5 2.4 ETE 3.11 32h 33 5 34	ITLE  JAME STREET ADDRESS CITY-ST-ZIP  ITLE		Change	Addition
STREET ADDRESS ONY - \$1 - ZO: THEF NAME STREET ADDRESS			ETE 2.11 22h 23 5 2.4 ETE 3.11 32h 33 5 34	ITTLE  LAME STREET ADDRESS CITY-ST-ZIP  LAME STREET ADDRESS CITY-ST-ZIP			Addition
STREEL ADDRESS OF Y-ST-ZEP THEF NAME STREEL ADDRESS OT Y-ST-ZEP THE NAME		□ DEU	ETE 2.17 22h 23s 2.4 ETE 3.17 32h 3.3s 3.4 ETE 4.11	ITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME		Change	Addition
STREET ADDRESS OF Y-ST-ZEP THEF NAME STREET ADDRESS OTTY-ST-ZEP THEE NAME STREET ADDRESS		□ DEU	ETE 2.17 22h 23s 2.4 ETE 3.17 32h 3.3s 34. ETE 411 4.21 4.33	ITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS		Change	Addition
STREET ADDRESS ONY-ST-ZIP THUE NAME STREET ADDRESS ONY-ST-ZIP THE NAME STREET ADDRESS ONY-ST-ZIP		□ DEL	ETE 2.17 22h 23 s 2.4 ETE 3.17 32h 3.3 s 3.4 ETE 4.11 4.21 4.33 4.40	ITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS		☐ Change	Addition Addition
STREET ADDRESS GOV-ST-ZIP THUE NAME STREET ADDRESS GITY-ST-ZIP THUE NAME STREET ADDRESS G-TY-ST-ZIP THUE		□ DEU	ETE 2.17 2.26 2.38 2.4 ETE 3.17 3.26 3.35 3.4 ETE 4.11 4.21 4.95 4.4( ETE 5.17	ITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Change	Addition Addition
STREET ADDRESS GEY-ST-ZE THLE NAME STREET ADDRESS GTY-ST-ZE THLE NAME STREET ADDRESS G-TY-ST-ZE THLE NAME		□ DEL	ETE 2.17 2.26 2.35 2.4 ETE 3.17 3.27 3.35 3.4 ETE 411 4.21 4.35 4.40 ETE 5.17	ITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  LITLE  LAME		☐ Change	Addition Addition
STREET ADDRESS GITY-ST-ZIP THUE NAME STREET ADDRESS GITY-ST-ZIP THUE NAME STREET ADDRESS C-TY-ST-ZIP THUE NAME STREET ADDRESS		□ DEL	ETE 2.17 226 238 2.4 ETE 3.17 320 3.38 3.4 ETE 411 4.21 4.38 4.40 ETE 5.17 5.21	ITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  STREET ADDRESS		☐ Change	Addition Addition
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STREET ADDRESS GITY-ST-ZIP THUE NAME STREET ADDRESS GITY-ST-ZIP THUE NAME STREET ADDRESS C-TY-ST-ZIP THUE NAME STREET ADDRESS GITY-ST-ZIP THUE NAME STREET ADDRESS GITY-ST-ZIP THUE NAME		DEL	ETE 2.17 226 238 2.4 ETE 3.17 320 3.38 3.4 ETE 411 4.21 4.38 4.40 ETE 5.17 5.21 5.38 5.40 ETE 6.17	ITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  LITY-ST-ZIP  LITLE  LAME	40000216 -05/01/970108 ***165.00	Change Change	Addition  Addition
STREET ADDRESS GITY-ST-ZIP THUE NAME STREET ADDRESS GITY-ST-ZIP THUE NAME STREET ADDRESS C-TY-ST-ZIP THUE NAME STREET ADDRESS C-TY-ST-ZIP THUE NAME STREET ADDRESS GITY-ST-ZIP THUE		DEL	ETE 2.17 226 238 2.4 ETE 3.17 320 3.38 3.4 ETE 41.7 4.20 4.33 4.40 ETE 5.11 5.20 5.38 5.40 ETE 6.17 6.21	ITTLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  LAME  LITLE  LI	40000216 -05/01/970108 ***165.00	Change Change	Addition  Addition

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 this 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 transport of an attachment with an address.

SIGNATURE:

HTED NAME OF SIGNING OFFICER OF DIRECTOR