

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90189 044 \*\*\*150.00

**DOCUMENT # F79835**

1. Corporation Name

**RMD/GOTHAM OPTICAL CO. INC.**



Principal Place of Business

**8678 NW 58TH STREET  
MIAMI FL 33166**

Mailing Address

**% NASSAU LENS CO., INC.  
180 LEGRAND AVE.  
NORTHVALE NJ 07647**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1982**

2. Principal Place of Business

2a. Mailing Address

**21 10400 NW 33rd St**

Suite, Apt. #, etc.

**22 150**

City & State

**23 MIAMI FLORIDA**

Zip

**24 33172 25 FLORIDA**

Country

**29 30**

4. FEI Number

**59-2203473**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GONZALEZ, MARIE J  
13948 SW 44TH LANE CIRCLE  
STE. D  
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

**SYLVIA GONZALEZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**8301 S.W. 142ND AVENUE APT 6-109**

83

**MIAMI, FLORIDA**

84 City

**FL**

85 Zip Code

**33181**

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 **DANIEL PILDES VP**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/1/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PILDES, MICHAEL</b>	
STREET ADDRESS	<b>160 LEGRAND AVE</b>	
CITY-ST-ZIP	<b>NORTHVALE NJ 07647</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>PILDES, DANIEL</b>	
STREET ADDRESS	<b>160 LEGRAND AVE</b>	
CITY-ST-ZIP	<b>NORTHVALE NJ 07647</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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

**3/1/99**

Daytime Phone #

CR2E034 (1/98)