## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996			DF CORPORAT	IONS				
DOCU 1. Corporation	IMENT # F91	538	(1)	)					
ALD	O'S OPTICAL CENTER,	INC.							
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Principal Plac	e of Business	Maitir	ng Address				Jiler ien erek e		
	% WILLIAM GOMEZ			Z					
1437 WES HIALEAH	ST 49TH STREET FL 33012	1	437 WEST 49TH :	STREET					
		•	MACCALL I E OUDIZ	•		3. Date Incorporated or Qualified	3a. Date		
2. Principal Place of Business 11 Suite, Apt. #, etc.		2a. Mailing Address 26			<b>07/21/1982 4.</b> FEI Number	04/06/1995 Applied For Not Applicable			
					59-2214357				
Otille, Apr.	#, etc.	27 St	uite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & State	e	<del></del>	ty & State			6. Election Campaign Financing			Required
<b>Z</b> ip	Country	28		···· - <del> </del>		Trust Fund Contribution		Ado	DO May Be ed to Fees
24	Country 25	29 Z <sub>1</sub>	ρ	Country 30	y	8. This corporation has liability for Florida Statutes Yes		cunder :	199.032,
	9. Name and Address of Cu	irrent Registeri	ed Agent			10. Name and Address of New F	Registered A	aent	
<u> </u>	D FMFDU AAL			81	Name				
	r, emery CPA · N. Kendall Dr.,			82	Street Addi	ress (P.O. Box Number is Not Acceptab	ole)		
	304			83					
SOILE									
	FL 33186			84	City			<del>, , , , , , , , , , , , , , , , , , , </del>	
MIAMI		3502 and 607 46	00.51.11.0	84	' '		FL		ip Code
MIAMI  11. Pursuant to or register	to the provisions of Sections 607.0	0502 and 607.15 Florida. Such 660	508, Florida Statut ange was authoriz	tes, the above-r	L	ration submits this statement for the pur	FL rpose of chan	1 1	
MIAMI  11. Pursuant to or register	to the provisions of Sections 607.0	0502 and 607.15 Florida. Such cha Section 607,050	508, Florida Statut ange was authoriz 5, Florida Statutes	tes, the above-r	L.'	ration submits this statement for the pur rd of directors. I hereby accept the appo	FL rpose of chan ointment as re	1 1	
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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: \_

Mi Cliane Joues
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR