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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Jul 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300002971 (0)

CLASSIC OPTICAL, INC.

Principal Plac	ce of Business	Mailing Address				I LADVIBO FIND IDIBO NINI DONIN BAND BONN DONIN DONIN NINI DONIN NOBEL FIND CODE				
14250 S.W. 119TH AVENUE		14250 S.W. 119TH AVENUE								
MIAMI FL 331		MIAMI FL 83186-6023								
					-	3. Date Incorporated or Qualified 06/28/1993		ite of Last F 08/1996	Report	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	TA.	pplied For	
21		26				00.4074000			ot Applicable	
		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	May Be	
		28				Trust Fund Contribution		Added	to Fees	
Zip	Country			Country		This corporation has liability for i			s. 199.032,	
24	25 29 30					Florida Statutes Yes No				
	9. Name and Address of Current	Hegistered Agent	81	г		0. Name and Address of New Re	pistered /	Agent		
	RDON, KENNETH		61	lva	me					
	250 SW 119 AVE		82 Street Add			(P.O. Box Number is Not Acceptab	le)			
	E 105									
MLA	MI FL 33186		83							
	. /	\sim	84		•		FL		Code	
11. Pursuant	to the previsions of Sections 607.0502 registers agent, or both, in the State am familiar with, and accept the obligat	and 607 1508, Florida Statutes	the above	e-nar	ned corpora	tion submits this statement for the p	pose of	changing i	Is registered	
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statute	, me \$,	corporation	s board or directors. Thereby accept	مسيو	Definition as	registered	
SIGNATURE	remuch t	140cm				01	21/	9/		
	Storature, typed or printed name of registered agen			an Bigi	ature required w		DATE	7		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PCD	DELETE	1.1 TITLE					L Change	Addition	
NAME	HYMAN, RAY		1.2 NAME							
STREET ADDRESS		NAL41 EL 00400		1.3 STREET ADDRÉSS						
CITY-ST-ZIP	MIAMI FL 33186	Poure	1.4 CHTY - S	1 - ZIP						
TITLE	VD	DELETE	21 TITLE					☐ Change	☐ Addition	
NAME	HYMAN, RAY JR.		2 2 NAME							
STREET ADDRESS	14250 S.W. 119TH STREET		2.3 STREET	ADDR	ESS					
CITY-ST-ZIP	MIAMI FL 33186	T Science	2.4 CITY - S	ST - ZIP				T 0.	F-1 - 100	
TITLE	ST AODDON VENNETH	DELETE	3.1 TITLE					Change	Addition	
NAME	GORDON, KENNETH		3.2 NAME					•		
STREET ADDRESS	14250 S.W. 119TH STREET MIAMI FL 33186		3.3 STREET A							
CITY-ST-ZIP	MINMI FL 33100	DELETE	3.4 CITY - 5	S1-ZIP				Chana	(Addition)	
TITLE		□ nereig	4.1 301LE					L Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADORESS			4.3 STREET		SS					
CITY-ST-ZIP		DELETE	4.4 CITY - S	1-ZIP				Change	Addition	
TITLE		☐ DETEIE	5.1 TITLE		İ			L.J Change	E'' WOULDU	
NAME DEDECT ADDRESS			5.2 NAME	*005						
STREET ADDRESS			5.3 STREET		188					
CITY-ST-ZIP				5.4 CITY - ST - ZiP				Channa	Addition	
TITLE		□ Mucit	6.1 TITLE					Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRI	SS					

14. I do 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 similar 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 observation or the received or toustee empowered to execute this report as required by Chapter 107, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or organ autochipent with an address.