

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F 94000001002

1. Corporation Name

Rozin Optical Corp.

Principal Place of Business

8285 NW 70th St.
Hialeah, FL 33166
US

Mailing Address

8285 NW 70th St.
Hialeah, FL 33166
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

Peter D. Rozin
8285 NW 70th St.
Hialeah, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

11-3186281

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.

☐ Yes

☐ No

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 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

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 Vice President ☐ DELETE

NAME Peter D. Rozin
STREET ADDRESS 2800 Island Blvd #802
CITY-STATE-ZIP N. MIAMI BEACH, FL

TITLE President ☐ DELETE

NAME DR. JOSEPH ROZIN
STREET ADDRESS 50 REVERE RD
CITY-STATE-ZIP SCARSDALE, N.Y.

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-99 (305) 715-7115

Date

Daytime Phone #

FILED

99 DEC -3 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1

CR2E034 (5/99)



②

November 1, 1999

Department of State
Division of Corp.
Annual Reports
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

Per our conversation, we are enclosing a check in the amount of \$150.00 in payment of the 1999 Annual Report Fee.

We request that the reinstatement penalty fee be waived since we never received the original Annual Report.


During the recent tropical storm Irene we suffered a lot of damages and we were flooded. It was during this time that the office next to us delivered some mail that was given to them in error which inadvertently was not delivered to us. We found evidence that unfortunately, the Annual Report Certificate was among the mail destroyed due to water damage.

I called your office and was told to write this letter of explanation and that they will send me another form for us to complete.

We apologize for this inconvenience and hope that upon reviewing this matter you will come to a satisfactory solution in our favor.

Yours very truly,

ROZIN OPTICAL, CORP.


Miriam Koch
Accounting Manager

New York

33-01 38th Avenue, Long Island City, NY 11101
Tel: (718) 786-1201 • 800-221-0170 • Fax: (718) 786-1406

Miami

8285 NW 70th Street, Miami, FL 33166
Tel: (305) 715-7165 • 800-582-LENS • Fax: (305) 715-9917 • 800-553-LENS