

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002520 (4)

1. Corporation Name

CVI LASER CORPORATION

Principal Place of Business

PO BOX 11308
ALBUQUERQUE NM 87182

Mailing Address

PO BOX 11308
ALBUQUERQUE NM 87182-0308



3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

01/24/1996

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

4. FEI Number

85-0220620

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

RICHARDSON, AIE
7648 SOUTHLAND BLVD
SUITE 104
ORLANDO FL 32809

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	CP	<input type="checkbox"/> DELETE
NAME	HAHN, YU H	
STREET ADDRESS	540 TAFT POND RD	
CITY - ST - ZIP	PUTNAM CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDIGER, F.J.	
STREET ADDRESS	7617 MOUNTAIN RD NE	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HIGDON, JAMES R	
STREET ADDRESS	PO BOX 22153	
CITY - ST - ZIP	SANTA FE NM	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACOBSON, ALEXANDER	
STREET ADDRESS	3827 COTTONWOOD DR	
CITY - ST - ZIP	DANVILLE CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEYER, DENISE	
STREET ADDRESS	10417 CAMINO DEL OSO NE	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOON-HO, KIM	
STREET ADDRESS	8625 PLYMOUTH ROCK NE	
CITY - ST - ZIP	ALBUQUERQUE NM	

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 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 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:

Denise Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (505) 296-9544
Date Daytime Phone #

CR2E034 (9/96)