

F95000005900

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Professional Vision Care, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert E. Golden;
(Name of Person)

Robert E. Golden, P.C.
(Firm/Company)

70 N. E. Loop 410, Suite 440
(Address)

San Antonio, Texas 78216-5842
(City/State/Zip)

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DIVISION OF CORPORATIONS

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W95-23289

Should you need to call someone concerning this matter, please call:

Robert E. Golden
(Name of Person)

at (210) 366-0900
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 28, 1995

ROBERT E. GOLDEN
% ROBERT E. GOLDEN, P.C.
70 N.E. LOOP 410, STE 440
SAN ANTONIO, TX 78216-5842

SUBJECT: PROFESSIONAL VISION CARE, INC.
Ref. Number: W95000023209

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We have received your document for PROFESSIONAL VISION CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 295A00051873

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Professional Vision Care, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Kentucky
(State or country under the law of which it is incorporated)
3. 61-1281861
(FEI number, if applicable)
4. March 3, 1995
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. July 24, 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 1291 S. Powerline Road
Pompano Beach, FL 33069
(Current mailing address)
8. The purpose of the corporation is to transact any or all lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Patrice Coppola
Office Address: 1291 S. Powerline Road
Pompano Beach, Florida, 33069
(Zip Code)
10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X Patrice Coppola Treasurer
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Gerald Matus

Address: 1291 S. Powerline Road, Pompano BEach, FL 33069

Vice Chairman: Robert Coppola

Address: 1291 S. Powerline Road, Pompano Beach, FL 33069

Director: Lin Matus

Address: 1291 S. Powerline Road, Pompano Beach, FL 33069

Director: Patrice Coppola

Address: 1291 S. Powerline Road, Pompano Beach, FL 33069

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Gerald Matus

Address: 1291 S. Powerline Road, Pompano Beach, FL 33069

Vice President: Robert Coppola

Address: 1291 S. Powerline Road, Pompano Beach, FL 33069

Secretary: Lin Matus

Address: 1291 S. Powerline Road, Pompano Beach, FL 33069

Treasurer: Patrice Coppola

Address: 1291 S. Powerline Road, Pompano BEach, FL 33069

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X Patrice Coppola Treasurer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Patrice Coppola, Treasurer
(Typed or printed name and capacity of person signing application)

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DIVISION OF INFORMATION
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OFFICE OF THE SECRETARY OF STATE
**CERTIFICATE OF EXISTENCE
DOMESTIC CORPORATION**

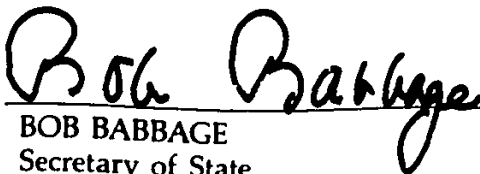
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I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, PROFESSIONAL VISION CARE, INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is MARCH 3, 1995; and whose period of duration is PERPETUAL.

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 6TH day of NOVEMBER, 19 95.



BOB BABBAGE
Secretary of State
Commonwealth of Kentucky

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