

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 APR 28 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G45988** (4)

1. Corporation Name

DYNASTY OPTICAL INDUSTRIES CORP.

Principal Place of Business

**317 N.E. 24TH STREET
MIAMI FL 33137**

Mailing Address

**3149 JOHN G. GURCI DR
BLDG 1A BAY2
PEMBROKE PARK FL 33009
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1983

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2317091

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 198.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

**21 8227 N.W. 68th STREET
MIAMI, FLORIDA 33166**

2a. Mailing Address

26 8227 n.w. 68 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami, Florida

Zip

24 33166

Country

25 U.S.A.

Zip

29 33166

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**GARCEZ, ULYSSES
317 N.E. 24TH STREET
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name

Ulysses Garcez

82 Street Address (P.O. Box Number is Not Acceptable)

8227 N.W. 68 STREET

83

84 City

Miami

FL

85 Zip Code

33166

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)

(201) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCEZ, ULYSSES
STREET ADDRESS	317 N.E. 24TH STREET
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	GARCEZ, ULYSSES	
1.3 STREET ADDRESS	8227 NW 68th Street	
1.4 CITY - ST - ZIP	MIAMI, FL 33166	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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

4/24/95 (305) 715-9744