

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H24364**

(2)

1. Corporation Name

OPTICAL BOUTIQUE, INC.



Principal Place of Business

**901 N.W. 17TH ST.
MIAMI FL 33136**

Mailing Address

**901 N.W. 17TH ST.
MIAMI FL 33136**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

g. Name and Address of Current Registered Agent

**FARIAS, JUAN C.
901 N.W. 17TH ST.
MIAMI FL 33136**

3. Date Incorporated or Qualified
10/02/1984

3a. Date of Last Report
03/16/1995

4. FEI Number
59-2454678

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

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 box for person whose name is on the registration

(Not for Registered Agent Signature registration only)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME: **P FARIAS, JUAN C**
12.2 STREET ADDRESS: **901 N.W. 17TH ST.**
12.3 CITY-ST-ZIP: **MIAMI FL 33136**
12.4 NAME: ☐ DELETE
12.5 STREET ADDRESS: ☐ DELETE
12.6 CITY-ST-ZIP: ☐ DELETE
12.7 NAME: ☐ DELETE
12.8 STREET ADDRESS: ☐ DELETE
12.9 CITY-ST-ZIP: ☐ DELETE
12.10 NAME: ☐ DELETE
12.11 STREET ADDRESS: ☐ DELETE
12.12 CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 1 TITLE: ☐ Change ☐ Addition
13.2 NAME: ☐ Change ☐ Addition
13.3 STREET ADDRESS: ☐ Change ☐ Addition
13.4 CITY-ST-ZIP: ☐ Change ☐ Addition
13.5 2 TITLE: ☐ Change ☐ Addition
13.6 NAME: ☐ Change ☐ Addition
13.7 STREET ADDRESS: ☐ Change ☐ Addition
13.8 CITY-ST-ZIP: ☐ Change ☐ Addition
13.9 3 TITLE: ☐ Change ☐ Addition
13.10 NAME: ☐ Change ☐ Addition
13.11 STREET ADDRESS: ☐ Change ☐ Addition
13.12 CITY-ST-ZIP: ☐ Change ☐ Addition
13.13 4 TITLE: ☐ Change ☐ Addition
13.14 NAME: ☐ Change ☐ Addition
13.15 STREET ADDRESS: ☐ Change ☐ Addition
13.16 CITY-ST-ZIP: ☐ Change ☐ Addition
13.17 5 TITLE: ☐ Change ☐ Addition
13.18 NAME: ☐ Change ☐ Addition
13.19 STREET ADDRESS: ☐ Change ☐ Addition
13.20 CITY-ST-ZIP: ☐ Change ☐ Addition
13.21 6 TITLE: ☐ Change ☐ Addition
13.22 NAME: ☐ Change ☐ Addition
13.23 STREET ADDRESS: ☐ Change ☐ Addition
13.24 CITY-ST-ZIP: ☐ Change ☐ Addition

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)(k), 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:

Juan C. Farias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

324-0490
Daytime Phone #

CR2E034 (12/95)