

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L57716 (7)
1. Corporation Name
OPTICAL EXPORTS, INC.

Principal Place of Business

3901 NW 79TH AVE
SUITE 109
MIAMI FL 33166
US

Mailing Address

3901 NW 79TH AVE
SUITE 109
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1990

4. FEI Number

65-0179656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 14960 E. WATERFORD DR

Suite, Apt. #, etc.

2a. Mailing Address

26 14960 E. WATERFORD DR

Suite, Apt. #, etc.

22 City & State

23 DAVIE FL

Zip

24 33331

Country

27 City & State

28 DAVIE FL

Zip

29 33331

Country

30

9. Name and Address of Current Registered Agent

TAYLOR, RUTH S.
3901 N.W. 79TH AVE.
STE. 107
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83 14960 E. WATERFORD DR

84 City

DAVIE

FL

85

Zip Code

33331

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

RUTH S. TAYLOR

Signature, typed or printed name of registered agent and title if applicable

RUTH S. TAYLOR

(NOTE: Registered Agent signature required when reinstating)

04/03/1998

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPV
STREET ADDRESS TAYLOR, RUTH S.
CITY-ST-ZIP 3901 NW 79TH AVE., STE. 107
MIAMI FL

TITLE ☐ DELETE

NAME ST
STREET ADDRESS TAYLOR, RUTH S.
CITY-ST-ZIP 3901 NW 79TH AVE., STE. 107
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 14960 E. WATERFORD DR
1.4 CITY-ST-ZIP DAVIE FL 33331

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 14960 E. WATERFORD DR
2.4 CITY-ST-ZIP DAVIE FL 33331

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 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:

RUTH S. TAYLOR

04/03/1998 1680-8985

CR2E034 (10/97)