

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

2. Principal Place of Business: 14960 E. WATERFORD DR, DAVIE FL 33331

2a. Mailing Address: 14960 E. WATERFORD DR, DAVIE FL 33331

23. City & State: DAVIE FL

24. Zip: 33331

3. Date Incorporated or Qualified: 03/12/1990

4. FEI Number: 65-0179656

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

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: RUTH S. TAYLOR

82 Street Address (P.O. Box Number is Not Acceptable): 14960 E. WATERFORD DR

83 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* RUTH S. TAYLOR DATE: 04/03/1998

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DPV	<input type="checkbox"/>
NAME	TAYLOR, RUTH S.	
STREET ADDRESS	3901 NW 79TH AVE., STE. 107	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/>
NAME	TAYLOR, RUTH S.	
STREET ADDRESS	3901 NW 79TH AVE., STE. 107	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	14960 E. WATERFORD DR		
1.4 CITY-ST-ZIP	DAVIE FL 33331		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	14960 E. WATERFORD DR		
2.4 CITY-ST-ZIP	DAVIE FL 33331		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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*

CR2E034 (10/97)