

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:29

DOCUMENT # L75292

(7)

1. Corporation Name

RAILWAY OPTICAL, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/22/1990

3a. Date of Last Report
03/14/1994

4. FEI Number
65-0208602

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

2. Principal Place of Business

2a. Mailing Address

21 2250 NE 163 ST.

25 2250 NE 163 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #4

27 #4

City & State

City & State

23 N H B FL

28 North Miami Beach

Zip Country

Zip Country

24 33160 25 Dade

29 33160 30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEARR, CRAIG R.
ONE DATRAN CENTER, SUITE 1001
9100 SOUTH DADELAND BLVD.
MIAMI FL 33156

81 Name DANIEL R. OBERTI

82 Street Address (P.O. Box Number is Not Acceptable)
2250 NE 163 ST #1

83
84 City NORTH MIAMI BEACH FL 85 Zip Code 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1507, 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 DANIEL R. OBERTI, PRESIDENT

DATE 1/26/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/T/S
NAME OBERIT, DANIEL R
STREET ADDRESS 2250 NE 23RD AVE
CITY- ST- ZIP N. MIAMI BCH. FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE V
NAME ROSEN, ROCHELLE
STREET ADDRESS 219 PENCIANA ISL. DR
CITY- ST- ZIP N. MIAMI BCH. FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VP
NAME ROSEN, ROCCELLE
STREET ADDRESS 219 PENCIANA ISL. DR.
CITY- ST- ZIP NORTH MIAMI BEACH, FL 33160

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/26/95 (3.5) 354-2020