

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 25 1997 8:00am  
Secretary of State

DOCUMENT # **L75292**

(7)

1. Corporation Name

**RAILWAY OPTICAL, INC.**



Principal Place of Business

**2220 NE 163 STREET  
1  
NORTH MIAMI BEACH FL 33160  
US**

Mailing Address

**2250 NE 163 STREET  
1  
NORTH MIAMI BEACH FL 33160-3780  
US**

3. Date Incorporated or Qualified

**05/22/1990**

3a. Date of Last Report

**01/30/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

**OBERTI, DANIEL  
2250 NE 163 STREET  
SUITE 1  
NORTH MIAMI BEACH FL 33160**

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 understand and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named in question 9, if agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**03-21-97**

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME **PTS  
OBERTI, DANIEL**  
STREET ADDRESS **2250 NE 23RD AVE**  
CITY-ST-ZIP **N. MIAMI BCH. FL**  
TITLE **VP**  
NAME **ROSEN, ROCCELLE**  
STREET ADDRESS **219 PONCIANA ISL. DR.**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**  
TITLE ☐ DELETE  
NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE  
TITLE ☐ DELETE  
NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE  
TITLE ☐ DELETE  
NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS **2250 NE 163 RD ST, STE 1**  
1.4 CITY-ST-ZIP **33160**  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-21-97**

Date

(Daytime) Phone #

CR2E034 (9/96)