FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

AMENDED 1995

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

APPROVED AND FILED

95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78120

1. Corporation Name: MAGNA OPTICAL INTERNATIONAL INC.

Principal Place of Business	Mailing Address
7511 N.W. 55th St. Miami, Fl. 33166	7511 N.W. 55th St. Miami, Fl. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/06/1990

3a. Date of Last Report: 04/05/95

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 65-0211245 ☐ Applied For ☐ Not Applicable

Suite, Apt #, etc (22) / Suite, Apt #, etc (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Brea, E. Anthony
18830 W. Oakmont Dr.
Miami, Fl 33015

10. Name and Address of New Registered Agent

01 Name

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

03

04 City: FL 05 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	C/P/T/S/D ☒ Change ☐ Addition Miguel Gomez Av. Rio Caura,Torre Humboldt Off.1002 Prado Del Este,Caracas, Venezuela
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	D ☒ Change ☐ Addition Roberto Quintana Castellanos Av.Rio Caura,Torre Humboldt,Off. 1002 Prado Del Este,Caracas, Venezuela
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	D ☐ Change ☒ Addition Jose Ramon Garcia Av. Rio Caura, Torre Humboldt,Off.1002 Prado Del Este, Caracas, Venezuela
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition 500001519T15 -06/21/95--01041--019 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition 6/20/95 MS
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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)(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: _____ May 25,1995 011(582)976-3560

Signature of Authorized Officer or Director — Date — Daytime Phone #

Roberto Quintana Castellanos, Director