

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L80302 (7)**

1. Corporation Name
DANTALIA OPTICAL CORPORATION



Principal Place of Business: **7095 NW 49 CT LAUDERHILL FL 33319**
Mailing Address: **7095 NW 49 CT LAUDERHILL FL 33319**

| | | | | | |
|--------------------------------|---------|---------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/11/1990 | 3a. Date of Last Report 05/01/1995 |
| 21 | 22 | 26 | 27 | 4. FEI Number 65-0152514 | Applied For Not Applicable |
| Suite, Apt #, etc | | Suite, Apt #, etc | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 | 24 | 28 | 29 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | |

| | | | | | |
|-------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| ALLEN H. KATZ 2919 E. COMMERCIAL BLVD. SUITE A FT. LAUDERDALE FL 33308 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 85 | Zip Code |
| | | | | FL | |

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: _____ (Signature type: 1= principal place of business agent and 11= applicable (NOTE: registered agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PVS | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMAR, CHARLES | 12 NAME | |
| STREET ADDRESS | 7095 NW 49 CT | 13 STREET ADDRESS | |
| CITY - ST - ZIP | LAUDERHILL FL | 14 CITY - ST - ZIP | |
| TITLE | TD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMAR, CHARLES | 22 NAME | |
| STREET ADDRESS | 7095 NW 49 CT | 23 STREET ADDRESS | |
| CITY - ST - ZIP | LAUDERHILL FL | 24 CITY - ST - ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/19/96** **954-791-8690**

CR2E034 (3/96)