

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91941 (9)

1. Corporation Name

MICRO LASER, INC.

Principal Place of Business

7100 W. 20TH AVENUE
SUITE 411
HIALEAH FL 33016
US

Mailing Address

7100 W. 20TH AVENUE
SUITE 411
HIALEAH FL 33016



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/26/1990

3a. Date of Last Report

03/24/1995

4. FEI Number

65-0219205

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

SACHER, CHARLES P.
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL 33134

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARRY, TENSIE ERDMANN
STREET ADDRESS 7100 W. 20TH AVENUE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE D
NAME JAEN, CONSTANCE
STREET ADDRESS 7100 W. 20TH AVENUE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE D
NAME LEYVA, BLANCA
STREET ADDRESS 7100 W. 20TH AVENUE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE P
NAME BARRY, PATRICK MD
STREET ADDRESS 7100 W 20TH AVE
CITY-ST-ZIP HIALEAH, F. L. ☐ DELETE

TITLE T
NAME JAEN, JOSE MD
STREET ADDRESS 7100 W 20TH AVE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE S
NAME LEYVA, HORACIO MD
STREET ADDRESS 7100 W 20TH AVE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tensie E. Barry Tensie E. Barry 7/7/96 (305) 825-9339

CR2E034 (3/96)