

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M10869 (9)  
1. Corporation Name  
CENTURY VISION OPTICAL INC.



Principal Place of Business  
5835 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI FL 33126

Mailing Address  
5835 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 6101 Blue Lagoon Dr.  
Suite, Apt. #, etc.  
22 Suite 450  
City & State  
23 Miami, FL  
Zip  
24 33126

2a. Mailing Address  
26 6101 Blue Lagoon Dr.  
Suite, Apt. #, etc.  
27 Suite 450  
City & State  
28 Miami Florida  
Zip  
29 33126

3. Date Incorporated or Qualified 02/04/1985  
3a. Date of Last Report 08/07/1996  
4. FEI Number 59-2489150  
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MENENDEZ, JOSE M., ESQ.  
5835 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
6101 Blue Lagoon Drive  
83 Suite 450  
84 City Miami  
85 Zip Code FL 33126

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HOURLANI, ELIAS A	5835 BLUE LAGOON DRIVE, SUITE 400	MIAMI FL 33126	<input type="checkbox"/>
D	KARDATZKE, STANLEY MD	5835 BLUE LAGOON DRIVE, SUITE 400	MIAMI FL 33126	<input type="checkbox"/>
TD	DONNELLY, CLIFFORD, W	5835 BLUE LAGOON DRIVE, SUITE 400	MIAMI FL 33126	<input type="checkbox"/>
DC	KLISSANLY, PETER E	5835 BLUE LAGOON DRIVE, SUITE 400	MIAMI FL 33126	<input type="checkbox"/>
D	JOHNSON, GLEN M	5835 BLUE LAGOON DRIVE, SUITE 400	MIAMI FL 33126	<input type="checkbox"/>
S	HAGEMAN, JOHN, A	5835 BLUE LAGOON DRIVE, SUITE 400	MIAMI FL 33126	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		5959 Blue Lagoon Drive	Miami, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		6101 Blue Lagoon Dr., Suite 450	Miami, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		6101 Blue Lagoon Dr., Suite 450	Miami, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		6101 Blue Lagoon Dr., Suite 450	Miami, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		6101 Blue Lagoon Dr., Suite 450	Miami, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
		Director Bernal, Peter R.	6101 Blue Lagoon Dr., 4th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Miami, FL 33126		

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:

SIGNATURE:

305-165-2920

CR2E034 (4/97)