FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M19825** **(2)**

1. Corporation Name

VISTA OPTICAL SERVICE INC.

Principal Place of Business

6201 SW 70 ST
S 201
S MIAMI FL 33143
US

Mailing Address

15121 GARVOCK PLACE
MIAMI LAKES FL 33016
US

2. Principal Place of Business
21 2726 PONCE DE LEON BLVD
Suite, Apt. #, etc.
22
City & State
23 CORAL GABLES FL
Zip
24 33134
County
25 DADE

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Organized
08/23/1985

3a. Date of Last Report
06/22/1995

4. FEI Number
59-2568466
☐ Applied For
☐ Not Applicable

5. Check Box if Stock is Divided ☐
$8.75 Additional Fee Required

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

8. The corporation is subject to intangible tax under s. 199.032 Florida Statutes. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

PLANA, ANDREW
15121 GARVOCK PLACE
MIAMI LAKES FL 33016

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 Section 607.0505 and F.S. 1023, 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. The above named entity is authorized to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	PLANA, ANDREW	
STREET ADDRESS	15121 GARVOCK PLACE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	
65 TITLE	☐ Change ☐ Addition
66 NAME	
67 STREET ADDRESS	
68 CITY-ST-ZIP	
69 TITLE	☐ Change ☐ Addition
70 NAME	
71 STREET ADDRESS	
72 CITY-ST-ZIP	
73 TITLE	☐ Change ☐ Addition
74 NAME	
75 STREET ADDRESS	
76 CITY-ST-ZIP	
77 TITLE	☐ Change ☐ Addition
78 NAME	
79 STREET ADDRESS	
80 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, and attached, 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 attached sheet, with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 (305)449600
Date / Daytime Phone Number