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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	OPTICAL CENTER INC	•							
Jinu	OF HOME OF MICH INC	<i>,</i> .							
Principal Place	of Business	Mailir	ng Address				1836 - 81416 - 8811 - 878)
1931 W. 60TH ST. HIALEAH FL 33012			1931 W. 60TH ST. HIALEAH FL 33012						
						3. Date Incorporated or Quality 09/30/1985	fied 3a. D	ate of Last Re 04/18/19	
2. Principal Pla	ice of Business	2a. M	lailing Address			4. FEI Number 59-2599086		├ ─	Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	d □	\$8.75	Additional
22		27	Na. 9 Chala						Required
City & State		28	ity & State			 Election Campaign Financial Trust Fund Contribution 	ng 🔲		D May Be d to Fees
Zip	Country		ip	Country		8. This corporation has liability		tax under s	199.032,
4	25 g. Name and Address of Co	29	red Aneni	30		Florida Statutes 10. Name and Address of N	Yes ∐No ew Registere	d Agent	
	5. Hame and Address Of Ct	arront negliate	- Aguil	81	Name	IA. HAME SHE NAMED OF IT	gio(0)0		
	A, LUISA			82	Street Addr	ress (P.O. Box Number is Not Acce	eptable)		
	SW 86 LN			83					
MIAMI	FL 33183			63					
				84	City		F	85 Zij	o Code
11. Pursuant te	o the provisions of Sections 607.	.0502 and 607.1	1508, Florida Statute	es, the above i	L named corpor	ration submits this statement for th	e purpose of a	changing its r	egistered offic
familiar wit	h, and/accept the obligations of,	Sector 607.97	05, Florida Statutes	es, the above red by the corp / // 3 A	F Co	ration submits this statement for the ard of directors. Thereby accept the statement trape	e purpose of appointment	changing its r as registered	egistered offici Lagent, Fam
familiar wit SIGNATURE	h, and/accept the obligations of, Syntire, typed or printed name of registeres OFFICER:	Sector 607.97	105, Florida Statutes Isabir. (NÖ ORS	UISA	F Co	STA	3	ND DIRECTO	P C DRS IN 12
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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 15 or Changed, or on an attachmost with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 556 2020