

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90014 020 ***150.00

DOCUMENT # M41240

1. Corporation Name
N. AND P. OPTICAL, INC.



Principal Place of Business
7485 DADELAN MLALL
MIAMI FL 33156
US

Mailing Address
14411 SO. DIXIE HIGHWAY
205
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1986

4. FEI Number

59-2734516

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7485 Dadeland Mall

Suite, Apt. #, etc.

22 City & State

23 MIAMI FLA

Zip

24 33156

Country

25 Dade

2a. Mailing Address

26 14317 S. Dixie

Suite, Apt. #, etc.

27 City & State

28 MIAMI FLA

Zip

29 33176

Country

30 Dade

9. Name and Address of Current Registered Agent

MARGOLESKY, PHILIP DR.
14411 SO. DIXIE
SUITE 205
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

MARGOLESKY, Philip DR.

82 Street Address (P.O. Box Number is Not Acceptable)

14317 S. Dixie

83

84 City

MIAMI FL

85 Zip Code

33176

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARGOLESKY, PHILIP
STREET ADDRESS 14411 SO. DIXIE SUITE 205
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VSD
NAME MARGOLESKY, HARRIET
STREET ADDRESS 14411 SO DIXIE SUITE 205
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 14317 S. Dixie

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 14317 S. Dixie

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-99 1-305-2356635

CR2E034 (11/98)

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