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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33316 (3)

1. Corporation Name
INDEPENDENT OPTICIANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SOL KADIN 230 71ST ST MIAMI BCH. FL 33141-3206 US	C/O SOL KADIN 230 71ST ST. MIAMI BEACH FL 33141 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0169904 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KADIN, SOL
230 71ST ST.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	1.1 TITLE	D.P	☒ Change ☐ Addition
NAME	KADIN, SOL	1.2 NAME	Sol Kadin	
STREET ADDRESS	230 71ST ST.	1.3 STREET ADDRESS	Same	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE	D S T	☒ Change ☐ Addition
NAME	OBERLENDER, BERNARD	2.2 NAME	Muriel Kadin	
STREET ADDRESS	9486 HARDING AVENUE	2.3 STREET ADDRESS	230 71st St	
CITY-ST-ZIP	SURFSIDE FL	2.4 CITY-ST-ZIP	Miami Bch FL 33141	
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	TURNER, EMANUEL	3.2 NAME	emanuel turner	
STREET ADDRESS	1833 NE 185 STREET	3.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☒ Change ☐ Addition
NAME		4.2 NAME	Bernard oberlender	
STREET ADDRESS		4.3 STREET ADDRESS	Delete	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-18-95 (305) 866-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049004