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FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000009917 (4)

1. Corporation Name
LASER SHOP, INC.



Principal Place of Business

Mailing Address

~~217 SEVENTH STREET~~
~~MIAMI BEACH FL 33139~~
~~US~~

C/O JAD & COMPANY, P.A.
3400 CORAL WAY 6TH FLOOR
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0388888

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 925 WASHINGTON AVENUE

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI BEACH, FLORIDA

Zip

24 33139

Country

25 U.S.A.

City & State

27

Zip

29 33145-3053

Country

30

9. Name and Address of Current Registered Agent

JORGE ANDRES DIAZ, CPA
3400 CORAL WAY
SUITE 601
MIAMI FL 33145

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 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD

STREET ADDRESS FRIAS, JOSE A

CITY-ST-ZIP ~~401 OCEAN DR., UNIT 1101~~

~~MIAMI BEACH FL~~

TITLE ☐ DELETE

NAME VD

STREET ADDRESS BARAAD KONING, ANDRE

CITY-ST-ZIP 555 N.E. PLAZA VENETIA WAY UNIT 604

MIAMI FL

TITLE ☐ DELETE

NAME PD

STREET ADDRESS MORALES, GUSTAVO A

CITY-ST-ZIP ~~16410 SOUTHWEST 65TH LANE~~

~~MIAMI FL~~

TITLE ☐ DELETE

NAME MSD

STREET ADDRESS DIAZ, JORGE ANDRES

CITY-ST-ZIP 3400 CORAL WAY STE. #601

MIAMI FL

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 300 S.O.POINTE DRIVE, UNIT 802

1.4 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4263 SOUTHWEST 13TH STREET

3.4 CITY-ST-ZIP MIAMI, FLORIDA 33134-2716

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.

SIGNATURE: GUSTAVO A. MORALES PRESIDENT/DIRECTOR 04-30-98 33053 422-2462

CR2E034 (10/97)