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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000009917

1. Corporation Name
LASER SHOP, INC.

Principal Place of Business
925 WASHINGTON AVE
MIAMI BEACH FL 33139
US

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 ☐ DELETE
NAME TD
STREET ADDRESS FRIAS, JOSE A
CITY-ST-ZIP 300 S POINTE DR, UNIT 802
MIAMI BEACH FL 33139

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VD
STREET ADDRESS BARAAD KONING, ANDRE
CITY-ST-ZIP 555 N.E. PLAZA VENETIA WAY UNIT 604
MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MORALES, GUSTAVO A
CITY-ST-ZIP ~~4260 SW 19TH ST~~
~~MIAMI FL 33134~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME PD
3.3 STREET ADDRESS MORALES, GUSTAVO A.
3.4 CITY-ST-ZIP 25 MONTILLA AVENUE
CORAL GABLES, FLORIDA 33134-1844

TITLE ☐ DELETE
NAME MSD
STREET ADDRESS DIAZ, JORGE ANDRES
CITY-ST-ZIP 3400 CORAL WAY STE. #601
MIAMI FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *Jorge Andres Diaz* OFFICER/DIRECTOR

04-30-99

{305} 672-7467

Date

Daytime Phone #

CR2E034 (11/98)