FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 10 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073638 (6)**

1. Corporation Name
EURO OPTICS INCORPORATED

Principal Place of Business	Mailing Address
C/O JANE C RANKIN ONE EAST BROWARD BLVD SUITE 1600 FT LAUDERDALE FL 33301	C/O JANE C RANKIN ONE EAST BROWARD BLVD SUITE 1600 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7220 NW 36TH STREET	26 7220 NW 36TH STREET
Suite, Apt. #, etc. 22 SUITE 307	Suite, Apt. #, etc. 27 SUITE 307
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33166 / 25 USA	Zip / Country 29 33166 / 30 USA

4. FEI Number: 65-0529982 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RANKIN, JANE C ONE EAST BROWARD BLVD SUITE 1600 FT LAUDERDALE FL 33301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/P	☒ Change ☐ Addition
NAME	LAL, ANIL	12 NAME	LAL, ANIL	
STREET ADDRESS	C/O 5 TWILIGHT CT	13 STREET ADDRESS	7220 NW 36TH ST. SUITE 307	
CITY-ST-ZIP	MELVILLE NY 11747	14 CITY-ST-ZIP	MIAMI, FLORIDA 33166	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	DEVLYN, JESSEE	22 NAME	DEVLYN, JESSEE	
STREET ADDRESS	C/O 5 TWILIGHT CT	23 STREET ADDRESS	7220 NW 36TH ST. SUITE 307	
CITY-ST-ZIP	MELVILLE NY 11747	24 CITY-ST-ZIP	MIAMI, FLORIDA 33166	
TITLE		31 TITLE	V/T	☐ Change ☒ Addition
NAME		32 NAME	LAL, MARIBEL	
STREET ADDRESS		33 STREET ADDRESS	7220 NW 36TH STREET SUITE 307	
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FLORIDA 33166	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/28/95 305 715 7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000073 CP