

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 9:15

**DOCUMENT # P94000082570 (0)**

1. Corporation Name  
**T&M OPTICS, INC.**

Principal Place of Business Mailing Address  
**18951 NE 4 CT MIAMI FL 33179** **18951 NE 4 CT MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1994** 3a. Date of Last Report

2. Principal Place of Business 2b. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip Country 29 Zip Country 30

4. FEI Number **65-0533100** 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**

**CRAWFORD, MARGARET  
18951 NE 4 CT  
MIAMI FL 33179**

**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 607.0602 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) \_\_\_\_\_ (Date)

**12. OFFICERS AND DIRECTORS** **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, MARGARET</b>	12 NAME	
STREET ADDRESS	<b>18951 NE 4 CT</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33179</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAZQUEZ, TERESA</b>	22 NAME	
STREET ADDRESS	<b>18951 NE 4 CT</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33179</b>	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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: *Margaret Crawford* (MARGARET CRAWFORD) 5/31/95 (305)651-5001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)