FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400086077

GABLES OPTICAL SERVICES, INC.

Principal Place of Business
951 SW LE JEUNE ROAD

S-206 MIAMI FI 33134 Mailing Address

951 SW LE JEUNE ROAD

MIAMI EL 22124

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90002 014 ***150.00



DO NOT WRITE	IN THIS SPACE	

	•	MICHAEL LE GOLOT							11110 017100		
							Date Incorporated or	Qualifed			
		T					11/28/1994				
2. Principal P	2a. Mailing Address	dress			4. FEI Number			Ap	oplied For		
21	26				(<u>65-0551134 </u>		. No	ot Applicable		
Suite, Apt.	Suite, Apt. #, etc.				5. (Certifcate of Status D	Desired		Additional		
22 27								, com cd	- Fee Re	equired	
City & Stat	te	City & State		6. Election Campaign Financing					\$5.00	May Be	
23		28				ו	Frust Fund Contribut	ion	Added	to Fees	
Zip	Country	Zip	Country	Country 8. This corporation owes the current year Intangible				ar Intangible			
24	25		0			F	Personal Property Ta	ıx.	⊠ Yes	□No	
	9. Name and Address of Current	Registered Agent				10. I	Name and Address	of New Regist	ered Agent		
CAR	ATEC ENDIQUE (81	N	lame					ļ	
	ATES, ENRIQUE J		82	S	treet Address	et Address (P.O. Box Number is Not Acceptable)					
	SW LE JEUNE ROAD										
S-20	-		83				**		* 4		
(MIAI	VII FL 33134		L.	<u> </u>			7787				
			84	C	City		,		F1 85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	e-na	amed cornors	ation (cubmite this statema			rogistored	
office or r	egistered agent, or both, in the State of	Florida. Such change was auth	horized by	the	corporation's	s boa	rd of directors. I here	by accept the a	ppointment as re	gistered	
agent. i a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes	S .						_	
SIGNATURE	Signature, typed or printed name of registered agent a	104 4									
12.	OFFICERS AND		egistered Agei	stered Agent signature required when reinstating)				DATE S TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE			AL	DUITIONS/CHANGE	S 10 OFFICER	S AND DIRECTO	Addition	
NAME	SABATES, ENRIQUE J	- Detect	1.2 NAME						□ Change	Addition	
									•	ì	
STREET ADDRESS	MINUTE CONTA			TREET ADDRESS			•				
CITY-ST-ZIP	MIAMI FL 33134	[] polete	1.4 C/TY-S	T-ZiP	<u> </u>			121			
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NAME		i	2.2 NAME				•				
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CITY-ST-ZiP			2. 4 CITY-ST-ZIP		>						
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CITY-ST-ZIP			3.4. CITY-S	T-ZIP	,				:	}	
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STREET ADDRESS			5.3 STREET	RESS							
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		□ DELETE							☐ Change	Addition	
NAME			6.2 NAME				•	•	-	1	
STREET ADDRESS				REET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST	-ZIP						ł	

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 attackment with an address, with all other like empowered.

SIGNATURE: