

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 12: 53

DOCUMENT # P94000090446 (3)

1. Corporation Name
GABLES VISION OPTICAL, INC.

Principal Place of Business 21170 MAIN SAIL CIRCLE #C11 AVENTURA FL 33180	Mailing Address 21170 MAIN SAIL CIRCLE #C11 AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/12/1994	3a. Date of Last Report
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2. Principal Place of Business 21 3737 SW 8th ST Suite, Apt. #, etc. 22 SUITE 101 City & State 23 CORAL GABLES, FL Zip 24 33134 Country 25 USA	2a. Mailing Address 26 3737 SW 8th ST Suite, Apt. #, etc. 27 SUITE 101 City & State 28 CORAL GABLES FL Zip 29 33134 Country 30 USA
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4. FEI Number 65-0539268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AWAD, ABRAHAM
3737 S.W. 8TH STREET
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (Name) _____ (Title) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AWAD, ABRAHAM
STREET ADDRESS	21170 MAIN SAIL CIRCLE #C11
CITY - ST - ZIP	AVENTURA FL 33180
TITLE	D
NAME	AWAD, LAYLA
STREET ADDRESS	21170 MAIN SAIL CIRCLE #C11
CITY - ST - ZIP	AVENTURA FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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: AWAD ABRAHAM AWAD, D.D. 5/1/95 305-461-2400