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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000090446 (3)

1. Corporation Name
GABLES VISION OPTICAL, INC.

Principal Place of Business

3737 SW 8TH ST
STE 101
CORAL GABLES FL 33134
US

Mailing Address

3737 SW 8TH ST
STE 101
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

65-0539268

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 3737 SW 8th ST

Suite, Apt. #, etc.

22 SUITE 102

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 102

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 USA

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

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)

2/3/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
AWAD, ABRAHAM
STREET ADDRESS
11111 SW 62 AVE
CITY-ST-ZIP
PINECREST FL

TITLE ☐ DELETE

NAME
D
AWAD, LAYLA
STREET ADDRESS
11111 SW 62 AVE
CITY-ST-ZIP
PINECREST FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
PRESIDENT
AWAD, ABRAHAM
13 STREET ADDRESS
2170 MAIN SAIL CR C11
14 CITY-ST-ZIP
AVENTURA, FL 33180

21 TITLE ☒ Change ☐ Addition

22 NAME
OFFICER
AWAD, LAYLA
23 STREET ADDRESS
2170 MAIN SAIL CR C11
24 CITY-ST-ZIP
AVENTURA, FL 33180

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

2/3/98 3054470702

CR2E034 (10/97)