

DOCUMENT # P95000068437			
1. Entity Name LA MODERNA OPTICAL CENTER CORPORATION			
Principal Place of Business 1280 W. FLAGLER ST. MIAMI FL 33135		Mailing Address 1280 W. FLAGLER ST. MIAMI FL 33135-2420	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
PEREZ, MAGALY T 1280 W. FLAGLER ST. MIAMI FL 33135			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE	PTD	<input type="checkbox"/> Delete	
NAME	PEREZ, MAGALY T		
STREET ADDRESS	4440 S.W. 4TH STREET		
CITY-ST-ZIP	MIAMI FL 33134		
TITLE	VSD	<input type="checkbox"/> Delete	
NAME	PEREZ, JUAN C		
STREET ADDRESS	4440 S.W. 4TH STREET		
CITY-ST-ZIP	MIAMI FL 33134		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
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TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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12.			
TITLE			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Daytime Phone #

CR2E034 (9/99)