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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000069280 (1)

1. Corporation Name
OPTICAL EXCELLENCE, INC.

Principal Place of Business	Mailing Address
2450 BERKSHIRE CT KISSIMMEE FL 34746	2450 BERKSHIRE CT KISSIMMEE FL 34746-5419

3. Date Incorporated or Qualified: 08/19/1996
3a. Date of Last Report:

21 2. Principal Place of Business: Optical Excellence
22 Suite, Apt. #, etc.:
23 City & State: Orlando Florida
24 Zip: 32837 25 Country: US

26 2a. Mailing Address: 12479 S. Orange Blossom Trail
27 Suite, Apt. #, etc.:
28 City & State: Orlando Florida
29 Zip: 32837 30 Country: US

4. FEI Number: 593401351 ☐ 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

CAMARA, LUCIANO A
2450 BERKSHIRE CT
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name: Larry L. Quinones
82 Street Address (P.O. Box Number is Not Acceptable): 183 Kassik Circle
83
84 City: Orlando FL 85 Zip Code: 32837

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] Larry L. Quinones Vice President 4-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Vice President	☐ Change ☐ Addition
NAME	CAMARA, LUCIANO A		1.2 NAME	Larry L. Quinones	
STREET ADDRESS	2450 BERKSHIRE CT		1.3 STREET ADDRESS	183 Kassik Circle	
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY-ST-ZIP	Orlando FL 32824	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] 4-14-97 (407) 816-1003