

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

FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081438 (9)

1. Corporation Name
BSA OPTICS, INC.

Principal Place of Business

% SEMET, LICKSTEIN, MORGENSTERN, ET AL
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

Mailing Address

% SEMET, LICKSTEIN, MORGENSTERN, ET AL
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134-5196



3. Date Incorporated or Qualified
10/01/1996

3a. Date of Last Report

4. FEI Number
65-0706903

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

2. Principal Place of Business

21 3911 S.W. 47th Ave.

22 Suite 914

City & State

23 Davie, Florida

Zip

24 33314

Country

25 U.S.A.

2a. Mailing Address

26 3911 S.W. 47 Ave.

Suite, Apt. #, etc.

27 Suite 914

City & State

28 Davie, Florida

Zip

29 33314

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
SEMET, LICKSTEIN, MORGENSTERN, ET AL
201 ALHAMBRA CIRCLE, SUITE 1200
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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Juan Carlos Casas Salva	
STREET ADDRESS	08830 Sant Boi Llobregat	
CITY-ST-ZIP	Barcelona, Spain	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Antonio Casas Salva	
STREET ADDRESS	0883 Sant Boi Llobregat	
CITY-ST-ZIP	Barcelona, Spain	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Francisco Casas Salva	
STREET ADDRESS	0883 Sant Boi Llobregat	
CITY-ST-ZIP	Barcelona, Spain	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Ted Levine	
STREET ADDRESS	3911 S.W. 47th Ave. Ste. 914	
CITY-ST-ZIP	Davie, Fl 33314	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	Don J. La Rosa	
STREET ADDRESS	3911 S.W. 47th Ave., Ste 914	
CITY-ST-ZIP	Davie, Fl 33314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don J. La Rosa

1/13/97

954-581-2144

CR2E034 (9/96)