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FILED
Feb 02 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 # **P96000081438 (9)**

1. Corporation Name
BSA OPTICS, INC.



Principal Place of Business 3911 SW 47TH AVE SUITE 914 DAVIE FL 33314 US	Mailing Address 3911 SW 47TH AVE SUITE 914 DAVIE FL 33314 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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4. FEI Number
65-0706903

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

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 **LICKSTEIN, FRED K**

82 Street Address (P.O. Box Number is Not Acceptable)
C/O FOWLER, WHITE, BUNNETT

83 **100 SOUTH EAST 2ND ST. SUITE 1200 FL**

84 City **MIAMI**

85 Zip Code **33131**

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** ☐ DELETE

NAME **SALVA, JUAN CARLOS CA**

STREET ADDRESS **08830 SANT BOI LLOBREGAT**

CITY-ST-ZIP **BARCELONA SP**

TITLE **VP** ☐ DELETE

NAME **SALVA, ANTONIO CASAS**

STREET ADDRESS **0883 SANT BOI LLOBREGAT**

CITY-ST-ZIP **BARCELONA SP**

TITLE **VP** ☐ DELETE

NAME **SALVA, FRANCISCO CASA**

STREET ADDRESS **0883 SANT BOI LLOBREGAT**

CITY-ST-ZIP **BARCELONA SP**

TITLE **VP** ☒ DELETE

NAME **LEVINE, TED**

STREET ADDRESS **3911 SW 47TH ST., #914**

CITY-ST-ZIP **DAVIE FL**

TITLE **ST** ☐ DELETE

NAME **LAROSA, DON J**

STREET ADDRESS **3911 SW 47TH AVE., STE 914**

CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 a address.

SIGNATURE **Don J Larosa** **1/2/98** **3911 SW 47TH AVE, STE 914 DAVIE FL 33314**

CR2E034 (10/97)