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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 # P96000087951 (5)

1. Corporation Name

NAVITAR OPTICAL INC.

Principal Place of Business	Mailing Address
1000 EAST ISLAND BOULEVARD SUITE 1005 MIAMI FL 33160	1000 EAST ISLAND BOULEVARD SUITE 1005 MIAMI FL 33160-4944

3. Date Incorporated or Qualified	3a. Date of Last Report
10/22/1996	

2. Principal Place of Business	2a. Mailing Address
21 200 COMMERCE DRIVE	26 200 COMMERCE DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Rochester Ny	28 City & State Rochester Ny
24 Zip 14623	25 Country	29 Zip 14623	30 Country

4. FEI Number — 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	10. Name and Address of New Registered Agent
GOLDSTEIN, JEREMY 1000 EAST ISLAND BOULEVARD SUITE 1005 MIAMI FL 33160	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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, JEREMY		1.2 NAME	
STREET ADDRESS	1000 EAST ISLAND BOULEVARD, SUITE 1005		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160		1.4 CITY-ST-ZIP	
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: _____ JULIAN GOLDSTEIN 3/6/97 (716) 359-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0217855