99 FEB 15 AM 11: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

|   | MENT # <b>P9700(</b><br>R OPTICAL H.K., INC.       | 0106174                             |                            |                             | TACE AHASSEE, F  | LORIDA                              |
|---|--|-------------------------------------|----------------------------|-----------------------------|--|-------------------------------------|
|   | ,  |                                     |                            |                             |  |                                     |
| Principal Plac  | e of Business                                      | Mailing Address                     |                            |                             | I CONTROL LEGAL TRANSPORTER AND A CONTROL OF THE   | BIE BOIRD DIEDE VION ESON DEDI VODI |
| 2 ME 40 ST<br>STE 201 STE 201<br>MIAMI FL 33137 MIAMI FL 33137<br>US US |  | STE 201                             |                            |                             | DO NOT WRITE IN TH   | IIS SPACE                           |
|   |  | US                                  |                            |                             | 3. Date Incorporated or Qualified  |                                     |
|   |  |                                     |                            | İ                           | 12/18/1997   |                                     |
| 2. Principal P  | Place of Business                                  | 2a. Mailing Address                 |                            |                             | 4. FE (Number  | Applied For                         |
| 21  |  | 26                                  |                            |                             | 65-0802118   | Not Applicable                      |
| Suite, Apt.   |  | Suite, Apt #, etc.                  |                            |                             | 5. Certificate of Status Desired [   | \$8.75 Additional<br>Fee Required   |
| City & Stat   | te   | City & State                        |                            |                             | Election Campaign Financing     Trust Fund Contribution                                    | \$5.00 May Be<br>Added to Fees      |
| Zip<br>24   | Country 25   | Ζφ<br>[29]                          | Country<br>0               |                             | This corporation owes the current year!     Personal Property Tax                          | Intangible<br>[]]Yes [ No           |
|   | 9. Name and Address of Curre                       | nt Registered Agent                 | 81 N                       | <br>ame                     | 10. Name and Address of New Registere  | d Agent                             |
| 11. Pursuant office or ragent. I a                                      | m familiar with, and accept the obligi             | ations of, Section 607.0505, Florid | a Statutes.                | med corpora<br>corporation' | ation submits this statement for the purpose is board of directors. Thereby accept the app | -n1n62001<br>L  *****195.00         |
| 12.   | Signature, typed or printed name of registered agr | ND DIRECTORS                        | egistered Agent sign.  13. | atore responsed wi          | ADDITIONS/CHANGES TO OFFICERS A  | ND DIDECTORS IN 48                  |
| TITLE   | DP   | DELETE                              | 11 TITLE                   | מוכו                        | ECTUR  | Change [   Addition                 |
| NAME  | VALDES, JORGE                                      | ~                                   | 12 NAME                    |                             | GE VALDES  | Provide Ellingston                  |
| STREET ADDRESS  | 9485 S.W. 72ND ST., STE. A-                        | 240                                 | 13 STREET ADDR             | Dr 50 2                     | VE 40 Street - 5 Floor   |                                     |
| CITY-ST-ZIP   | MIAMI FL 33173                                     | L+10                                | 14 CITY-ST-ZIF             |                             | MI, TL 33137   |                                     |
| TITLE   | mirani i E 00170                                   | ☐ DELETE                            | 2 1 TITLE                  |                             | ECTOR  | []Change XAdd-tion                  |
| NAME  |  |                                     | 2 2 NAME                   | 60                          | LOMON OVADIA   | [ ] and g                           |
| STREET ADDRESS  |  |                                     | 2.3 STREET ADDR            | 355 2 1                     | NE 40 Street - 5 Floor   |                                     |
| CITY-ST-ZIP   |  |                                     | 2 4 City-S1-Zif-           |                             | MMI , FL 33137   |                                     |
| TITLE   |  | □ DELET <del>E</del>                | 3 1 TITLE                  |                             | SIDENT   | MChange f   Addition                |
| NAME  |  |                                     | 32 NAME                    |                             | LOMON OVADIA   | <b>4.</b> 1 3 2. [1.12.11]          |
| STREET ADDRESS  |  |                                     | . 33 STREET ADDR           | RESS O L                    | JE 40 Street - 5 Flax  |                                     |
| CITY-ST-ZIP   |  |                                     | 34. CITY-ST-ZIF            | Milh                        | MI (2 33137  |                                     |
| TITLE   |  | [] DELETE                           | 41 TITLE                   | √P                          | / SECRETARY  | [ ] Change K Addition               |
| NAME  |  |                                     | 4.2 NAME                   |                             | GE VALDES  | - "                                 |
| STREET ADDRESS  |  |                                     | 43 STREET ADDR             | RESS 9 AV                   | e 40 streat - 5 Flax   |                                     |
| CITY-ST-ZIP   |  |                                     | 4.4 CITY-ST-ZIP            |                             | 11. FL 33137   |                                     |
| TITLE   |  | [] DELETE                           | 5 1 TITLE                  | Inting                      | · , i /  | Chambe F   Addition                 |
| NAME  |  |                                     | 5 2 NAME                   |                             | M  | ( ) ( )                             |

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

**PROFIT** 

**CORPORATION** 

ANNUAL REPORT

1999

14. I hereby certify that the information supplied with this filling does not gualify 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 redeiver of 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 addless, with all other like empowered.

53 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-21

61 TITLE

6.2 NAME

DELE TE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SOLOMON

12/15/98 01028 014

435.00

(305) 573 - 3380

[ | Change

[ | Addition