
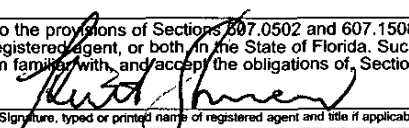


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90007 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000058244 ✓					
1. Corporation Name PRO-OPTICS, INC.					
Principal Place of Business Pro-Optics, Inc. 3725 South Ocean Drive Suite #721 Hollywood, FL 33019			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3725 S. Ocean Dr.		26 3725 S. Ocean Dr.		09/18/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite # 721		27 Suite # 721		65-0910002	
City & State		City & State		Applied For	
23 Hollywood FL		28 Hollywood FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33019		29 33019		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25 USA		30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Robert E. Sheir 2445 NE 214 th Street Miami, FL 33180			81 Name Keith D. Shires		
			82 Street Address (P.O. Box Number is Not Acceptable) 3725 South Ocean Drive		
			83 Suite #721		
			84 City Hollywood , FL 85 Zip Code 33019		
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  KEITH D. SHIRES DATE 08/13/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME Keith D. Shires (P)					
STREET ADDRESS 3725 South Ocean Drive Suite #721					
CITY-ST-ZIP Hollywood FL 33019					
1.2 NAME <input type="checkbox"/> DELETE					
NAME Juan C. Reyes-Farinas					
STREET ADDRESS 2250 Buttonwood Avenue					
CITY-ST-ZIP Pembroke Pines, FL 33026					
1.3 NAME <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.4 NAME <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.5 NAME <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.6 NAME <input type="checkbox"/> DELETE					
NAME					
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1.7 NAME <input type="checkbox"/> DELETE					
NAME					
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CITY-ST-ZIP					
1.8 NAME <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.9 NAME <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.10 NAME <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
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 an address, with all other like empowered.

SIGNATURE:

 **Juan C. Reyes-Farinas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/99
Date

(571) 458-439
Daytime Phone #

CR2E034 (11/98)

P98000058244
607488-90007-21

To whom it may concern:

PRO OPTICS, INC.
% 3725 S. OCEAN DRIVE
#721
HOLLYWOOD, FL 33019

Request taken by: sprather
06-15-1999

Date ~~was~~ reviewed report

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Annual report was submitted to old
principal place of business. I put the current
place of address and all up-to-date information
about Pro-Optics, Inc. I apologize for delay. However
we were unable to send our annual report before May 1st
due to the wrong principal address on file. Please do not
charge the \$550 late fee charge. Thank you!!

Juan C. Rayer-Farinos

