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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Herris

Secretary of State DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State

05_13_1999 90014 011 ***150 00

DOCU 1. Corporatio	MENT # P9800006	8284			03-13-1999 900		
FLAG	LER EYE CENTER, INC.						
Principal Plac	e of Business	Mailing Address		 	_		
6765 We	st Flagler Street						
	Florida 33144				DO NOT WRITE IN	I THIS SPACE	•
					3. Date incorporated or Qualifed		
					1998		ŀ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	ΧA	plied For
21 26							ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	• • •	Additional	
22 27 City & State City & State				0.51 11 0.0 10 57 10 10 10		equired	
City & State		 	–		6. Election Campaign Financing Trust Fund Contribution		May Be
23 . Zip			p Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year intangible		
24	25 29		30		Personal Property Tax.		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	tered Agent	
7 11 7	GA GRADES		ł	81 Name			1
	SA SUAREZ	on.	ł	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
6765 WESTOFLAGUERUSTREET *MIAMI_FELORIDA 33144							
MIAI	MIG: BLOKIDA 33144	•		83			
•			ļ	B4 City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	utes the ab	ove-named con	poration submits this statement for the purp	ose of changing its	registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a	authorized	by the corporati	ion's board of directors. I hereby accept the	appointment as re	gistared
	m lamiliar with, and accept the ootigal	goris or, section our toods, Fil	Urida Statu	103.			}
SIGNATURE Signalute, typed or printed name of registered agent and title it applicable. (NOTE: Reg				Agent signature require		ATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		DRS IN 12
TITLE	PRESIDENT	☐ OELETE	1.170	1			
NAME	CARMEN CABRERA			WE I	•	☐ Change	[] Addition
STREET ADDRESS	s 18800 NW 47th Avenue		1.2 NA	NOT ADDRESS	•	∐ change	
CON OT TO	TOOOD NW 4/CII AVEIL		1.3 511	REET ADDRESS		∐ change	
CITY-ST-ZIP	Miami, Florida 33		1.3 511	Y-ST-ZIP		Change	ORS IN 12 Addition
CITY-ST-ZIP TITLE NAME	Miami, Florida 33 Vice-President	0.5.5	1.3 STI 1.4 CIT	Y-ST-ZIP			Addition
IIITE	Miami, Florida 33 Vice-President MARIA E. OTERO	055 DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ	Y-ST-ZIP			Addition
TITLE NAME	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	055 DELETE	1.3 STF 1.4 CT 2.1 TM 2.2 NAJ 2.3 STF	Y-ST-ZIP LE ME		Change	() Addition
TITLE NAME STREET ADDRESS	Miami, Florida 33 Vice-President MARIA E. OTERO	055 DELETE	1.3 STF 1.4 CT 2.1 TM 2.2 NAJ 2.3 STF	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			Addition
NAME STREET ADDRESS CITY-ST-ZIP	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	055 DELETE	1.3 STF 1.4 CT 2.1 TTT 2.2 NAJ 2.3 STF 2.4 CD	Y-ST-ZIP LE ME REET ADORESS YY-ST-ZIP LE		Change	() Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	055 DELETE	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAJ 3.3 STF	Y.ST-ZIP LE WE REET ADORESS (Y.ST-ZIP LE WE REET ADORESS		Change	() Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 'NAME STREET ADDRESS	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	055 ☐ DELETE UR 055 ☐ DELETE — —	1.3 STF 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF 3.2 NA 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF	Y.ST-ZIP LE WE REET ADORESS YY.ST-ZIP LE WE REET ADORESS YY.ST-ZIP LE REET ADORESS YY.ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 'NAME	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	055 ☐ DELETE UR 055 ☐ DELETE — —	1.3 STF 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF 3.2 NA 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF	Y. ST-ZIP LE ME REET ADORESS YY. ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 'NAME STREET ADDRESS CITY-ST-ZIP	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	OSS DELETE DELETE DELETE	1.3 STF 1.4 CIT 2.2 NA/ 2.2 STT 2.4 CIT 3.2 NA/ 3.3 STF 3.4 CIT 4.2 NA/ 4.3 STF 4.4 CIT	Y.ST-ZIP LE ME REET ADORESS YY.ST-ZIP LE		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	OSS DELETE DELETE DELETE	1.3 STF 1.4 CIT 2.2 NAV 2.3 STF 2.4 CIT 3.2 NAV 3.3 STF 3.4 CIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAV 5.3 STF 5.4 CIT 6.1 TIT 6.1 TI	Y.ST-ZIP LE WE REET ADORESS YY-ST-ZIP LE WE REET ADORESS YY-ST-ZIP LE ME		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	OSS DELETE	1.3 STF 1.4 CIT 2.2 NAV 2.3 STF 2.4 CIT 3.2 NAV 3.3 STF 3.4 CIT 4.2 NAV 4.3 STF 5.1 TIT 5.2 NAV 5.3 STF 6.4 CIT 6.1 TIT 6.2 NAV 6.2 NAV 6.2 NAV 6.2 NAV 6.2 NAV 6.3 NAV 6.3 NAV 6.3 NAV 6.3 NAV 6.3 NAV 6.4 NAV 6.4 NAV 6.5 NAV 6.5 NAV 6.5 NAV 6.5 NAV 6.6 NAV 6.7 NA	Y. ST-ZIP LE WE REET ADORESS YY. ST-ZIP LE WE REET ADORESS		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Miami, Florida 33 Vice-President MARIA E. OTERO 18964 NW 54th Aven	OSS DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF 2.4 CIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 5.2 NA 5.3 STF 5.4 CIT 6.1 TITI 6.2 NA 6.3 STF 6.2 NA 6.3 STF	Y.ST-ZIP LE WE REET ADORESS YY-ST-ZIP LE WE REET ADORESS YY-ST-ZIP LE ME		Change	Addition Addition

I insteady certify that the information supplied with this fining does not quality for the exemption stated in Section 119.U/(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shalt 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.

(305)266-5936

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