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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000078020**1. Corporation Name

VISTA OPTIQUE, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90204 010 \*\*\*150.00



620 LINCOLN R MIAMI BEACH F		620 LINCOLN ROAD MIAMI BEACH FL 33139	9			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						09/09/1998	- 2 - 3 -		
Principal Place of Business     2a. Mailing Address						4. FEI Number G / 1/900		Applied For	
1 26						65-0849012		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional Required	
22		27						<del></del> -	
City & State	•	├ <b>─</b> ┐ '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28	Cour	atn.		Trust Fund Contribution		1101.662	
Zip —	Country	— `		iu y		This corporation owes the current year In Personal Property Tax.	Tangible ☐ Yes	I¥No	
24	9. Name and Address of Curren		·U ;			10. Name and Address of New Registered			
	5. Name and Address of Curren	r Kegistered Agent		81	Name	To Admin directions of the Control o			
GONZALEZ, RICHARD ESQ							_ <del></del>		
407 LINCOLN ROAD, SUITE 4-E				82 Street Addre		ess (P.O. Box Number is Not Acceptable)			
	AL BEACH FL 33139		ł	83		· · · · · · · · · · · · · · · · · · ·		,,,	
1710 0			- {				<del></del>		
				84	City	FI	85   Zip	Code	
44 5	4	2 and 607 1509 Florida Statutes	the at	NOVE-	named corno	oration submits this statement for the purpose on s board of directors. I hereby accept the appo	f changing i	ts registered	
agent. I a	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered			(when reinstating) DATE	77.		
12.		ID DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	PD	☐ DELETE		1.1 TITLE			Change	3 Madistria	
NAME	NUNEZ, SILVIA		1.2 NA						
STREET ADDRESS	620 LINCOLN ROAD		1		DORESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139			Y-ST-	ZIP		Change	e 🗍 Addition	
TITLE	VSTD	DELETE	2.1 TIT		ļ				
NAME	CRUZ, CELIA		2.2 NA			* '			
STREET ADDRESS	1		2.3 STREET ADDRESS			•			
CITY-ST-ZIP	MIAMI BEACH FL 33139	☐ DELETE		TY-ST-	ZIP		☐ Change	e Addition	
TITLE			3,1 TIT						
NAME			3.2 NA						
STREET ADDRESS					DDRESS		,		
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NAME					ADDRESS	•	•		
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			6.2 NA			and the second second			
NAME OTDEET ADDRESS			i		ADDRESS		* 15° ¥		
STREET ADDRESS				TY-ST-	1				
CITY, ST. 7IP	1		J VI			•			

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. Block 12 or Block 13

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR