


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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S06975 (4)					
1. Corporation Name EYETEL OPTICS, INC.					
Principal Place of Business 1510 NW 78TH AVENUE MIAMI FL 33126 US			Mailing Address 1510 NW 78TH AVENUE MIAMI FL 33126-1104 US		
2. Principal Place of Business 21 3151 Executive Way State, Apt. #, etc.		2a. Mailing Address 26 3151 Executive Way State, Apt. #, etc.		3. Date incorporated or Qualified 10/18/1990	
22 Miramar FL City & State		27 Miramar FL City & State		3a. Date of Last Report 05/01/1996	
23 33025 Zip		28 Broward Country		4. FEI Number 65-0221938	
24 33025 Zip		29 Broward Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent ULLMAN, SAMUEL C. C/O KELLEY, DRYE & WARREN 201 S BISCAYNE BLVD STE 2400 MIAMI FL 33131				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 607.0532 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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> DELETE				11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BERL, ANDRES				12 NAME	
STREET ADDRESS 1510 NW 78TH AVENUE				13 STREET ADDRESS 3151 EXECUTIVE WAY	
CITY-ST-ZIP MIAMI FL				14 CITY-ST-ZIP MIRAMAR FL 33025	
11 TITLE <input type="checkbox"/> DELETE				21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BERL, CARLOS				22 NAME	
STREET ADDRESS 1510 NW 78TH AVENUE				23 STREET ADDRESS 3151 EXECUTIVE WAY	
CITY-ST-ZIP MIAMI FL				24 CITY-ST-ZIP MIRAMAR FL 33025	
11 TITLE <input type="checkbox"/> DELETE				31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PSTD				32 NAME	
STREET ADDRESS ROSS, JERROLD M.				33 STREET ADDRESS 3151 EXECUTIVE WAY	
CITY-ST-ZIP MIAMI FL				34 CITY-ST-ZIP MIRAMAR FL 33025	
11 TITLE <input type="checkbox"/> DELETE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ULLMAN, SAMUEL C.				42 NAME	
STREET ADDRESS 201 S BISCAYNE BLVD STE 2400				43 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL				44 CITY-ST-ZIP	
11 TITLE <input type="checkbox"/> DELETE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME	
STREET ADDRESS				53 STREET ADDRESS	
CITY-ST-ZIP				54 CITY-ST-ZIP	
11 TITLE <input type="checkbox"/> DELETE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME	
STREET ADDRESS				63 STREET ADDRESS	
CITY-ST-ZIP				64 CITY-ST-ZIP	
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: JERRARD M ROSS Date 954 441 9997					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)