Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90163 030 \*\*\*158.75

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # \$50225

1. Corporation Name

ONIX OPTICAL CENTERS, INC.

Principal Place	e of Business	Mailing Address			1-1-1-1			
1550 W 84TH S	ST .	P. O. BOX 4064						
STE. 15		HIALEAH FL 33014-0064		DO NOT WRITE IN THIS SPACE				
HIALEAH FL 33014 US		US		DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualifed 05/07/1991			
a D:-:-1 D		O- Mailing Address			4. FEI Number		App	lied For
	lace of Business	2a. Mailing Address			65-0265437			Applicable
21	-	Suite, Apt. #, etc.		-	- 00-0200407	~ /	\$8.75 A	
Suite, Apt.:	#, etc.				5. Certificate of Status Desired	X	Fee Rec	
22		City & State						`
City & State	e				6. Election Campaign Financing	' 🗆	\$5.00 M Added to	
23		28	Country		Trust Fund Contribution			rees
Zip	Country	Zip	٠ .		8. This corporation owes the cu	-	ngible □Yes ไ	Mo
24	25	29 30	1		Personal Property Tax.  10. Name and Address of New			25110
	9. Name and Address of Current	Registered Agent	81	Name			Acur	
MAR	ITINEZ, LUCERO		"	MA	YORGA LUCELIA			
	WEST 84TH STREET	82 Street Add		Street Addre	ess (P.O. Box Number is Not Accept	table)		
	E 15			166	ZIN.W. 13 AVE	<del></del>		
	EAH FL 33014		83					
ПІАL	EAU LT 22014		84	City			85 Zip C	ode
				MI	AMI	FL	330	14
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	named corpo	oration submits this statement for the	e purpose of c	hanging its r	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	r Florida. Such change was auth ons of, Section 607.0505, Florida	onzed by t a Statutes.	ne corporatio	on's board of directors. Thereby acce	apt the appoint	iniciti as reg	lotorou
•	11. notion Gentle				4-17	- 99		
SIGNATURE	The state of the s							
	Signature, typed or printed name of registered gent	and the if applicable. (NOTE: Re	gistered Agent	signature required	d when reinstating)	DATE	•	
12.			gistered Agent 13.	signature required	d when remstating) ADDITIONS/CHANGES TO O	FFICERS AND		
	Signature, typed or printed name of registered gent				d when reinstating)  ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered gent OFFICERS AND	DIRECTORS	13.	P	ADDITIONS/CHANGES TO O	FFICERS AND		
12.	Signature, typed or printed name of registered gent OFFICERS AND	D DIRECTORS	13. 1.1 TITLE	ADDRESS / 6	ADDITIONS/CHANGES TO O  PAYOREA LUCELIA 6621 N.W. 73 AV	FFICERS AND		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered great OFFICERS AND D MARTINEZ, LUCERO 1550 WEST 84TH STREET, SUIT	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS / 6	ADDITIONS/CHANGES TO O  PAYOREA LUCELIA 6621 N.W. 73 AV	FFICERS AND		
12. TITLE NAME	Signature, typed or printed name of registered gent OFFICERS AND D MARTINEZ, LUCERO	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET.	ADDRESS / M	ADDITIONS/CHANGES TO O  ADDITIONS/CHANGES TO O  APPORTAGE LUCELIA  BELLIA N.W. 73 AV  AND	FFICERS AND		
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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 chapged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP