

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90163 030 ***158.75

DOCUMENT # S50225

1. Corporation Name
ONIX OPTICAL CENTERS, INC.

Principal Place of Business

1550 W 84TH ST
STE. 15
HIALEAH FL 33014
US

Mailing Address

P. O. BOX 4064
HIALEAH FL 33014-0064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1991

4. FEI Number

65-0265437

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MARTINEZ, LUCERO
1550 WEST 84TH STREET
SUITE 15
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

MAYORCA LUCELINA

82 Street Address (P.O. Box Number is Not Acceptable)

16621 N.W. 73 AVE

83

84 City

MIAMI

FL

85 Zip Code
33014

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

Lucelina Mayorga

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARTINEZ, LUCERO
STREET ADDRESS 1550 WEST 84TH STREET, SUITE 15
CITY-ST-ZIP HIALEAH FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.
1.2 NAME MAYORCA LUCELINA
1.3 STREET ADDRESS 16621 N.W. 73 AVE
1.4 CITY-ST-ZIP MIAMI, FL 33014

2.1 TITLE V.P.
2.2 NAME MAYORCA LUIS H.
2.3 STREET ADDRESS 16621 N.W. 73 AVE
2.4 CITY-ST-ZIP MIAMI, FL 33014

3.1 TITLE V.P.
3.2 NAME MAYORCA RAFAEL
3.3 STREET ADDRESS 1550 WEST 84 STREET, SUITE 15
3.4 CITY-ST-ZIP HIALEAH, FL 33014

4.1 TITLE D.
4.2 NAME DURAN ALFREDO
4.3 STREET ADDRESS 1550 WEST 84 STREET, SUITE 15
4.4 CITY-ST-ZIP HIALEAH, FL 33014

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Lucelina Mayorga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99

Date

305-8241448

Daytime Phone #

CR2F034 (11/98)

0131428