

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 18 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **596553**

1. Corporation Name
JASON INTERNATIONAL OPTICAL, INC.

Principal Place of Business Mailing Address

**6920 NW 46th STREET
MIAMI, FL 33166-5604**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6920 NW 46th STREET		2a. Mailing Address 6920 NW 46th STREET		3. Date Incorporated or Qualified 11/30/91	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0298127	
22. City & State MIAMI, FL		27. City & State MIAMI, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 33166		28. Zip 33166		6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country USA		29. Country USA		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81. Name MARIA J. SUAREZ			
				82. Street Address (P.O. Box Number is Not Acceptable) 3180			
				83. S. OCEAN DR. APT#1401			
				84. City HALLENDALE			
				85. State FL			

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VICTOR OMAR SUAREZ				700002724157--2			
STREET ADDRESS 6920 NW 46th STREET				-12/29/98-01005-002			
CITY-ST-ZIP MIAMI, FL 33166				*****61.25 *****61.25			
TITLE <input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MARIA SUAREZ							
STREET ADDRESS 6920 NW 46th STREET							
CITY-ST-ZIP MIAMI, FL 33166							
TITLE <input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE <input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME							
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CITY-ST-ZIP							
TITLE <input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
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 in an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **11/30/98** Daytime Phone #

CR2E034 (5/98)