

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

FILED

Feb 10 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # V23869 (3)
1. Corporation Name
BETTER SIGHT VISION CENTER, INCORPORATED

Principal Place of Business

11801 S. DIXIE HIGHWAY
MIAMI FL

Mailing Address

11801 S. DIXIE HIGHWAY
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1992

4. FEI Number

65-0334333

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business:

21 SAME ABOVE
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ARAQUE, LUIS CARLOS
11801 S. DIXIE HWY
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

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

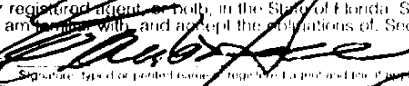
83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0508 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:

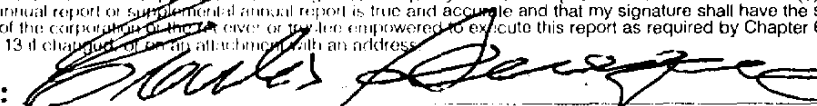
12. OFFICERS AND DIRECTORS

| | | | |
|----------------|---------------------|--------------------------|--------|
| TITLE | D | <input type="checkbox"/> | DELETE |
| NAME | ARAQUE, LUIS CARLOS | | |
| STREET ADDRESS | 11801 S. DIXIE HWY | | |
| CITY-ST-ZIP | MIAMI FL | | |
| TITLE | | <input type="checkbox"/> | DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|--------------------|--------------------------|--------|--------------------------|----------|
| 1.1 TITLE | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 1.2 NAME | | | | |
| 1.3 STREET ADDRESS | | | | |
| 1.4 CITY-ST-ZIP | | | | |
| 2.1 TITLE | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 2.2 NAME | | | | |
| 2.3 STREET ADDRESS | | | | |
| 2.4 CITY-ST-ZIP | | | | |
| 3.1 TITLE | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 3.2 NAME | | | | |
| 3.3 STREET ADDRESS | | | | |
| 3.4 CITY-ST-ZIP | | | | |
| 4.1 TITLE | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 4.2 NAME | | | | |
| 4.3 STREET ADDRESS | | | | |
| 4.4 CITY-ST-ZIP | | | | |
| 5.1 TITLE | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 5.2 NAME | | | | |
| 5.3 STREET ADDRESS | | | | |
| 5.4 CITY-ST-ZIP | | | | |
| 6.1 TITLE | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 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 have been or am now 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 both, attachments with an address.

SIGNATURE:  1/15/98

CR2E034 (10/97)