## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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OCUMI Corporation Na	ENT#	V55757	(1)						
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incipal Place of	Business		Mailing Address			t (\$4) \$ tiefe: Gires anne races ann			
16115 S.W. 117	7 AVE.		16115 S.W. 117 AVE.						
#25 MIAMI FL 33177			#25 MIAMI FL 33177			3. Date Incorporated or Qualified	-	of Last Rep	
Minimum 12 and 1	•					08/03/1992	0	3/20/199	
Principal Place	of Business		2a. Mailing Address			4. FEI Number		<u> </u>	oplied For ot Applicable
Thrope Thro			26			65-0346966			Additional
Suite, Apt. #, etc.			Scite, Apt. #, etc.			5. Certificate of Status Desired			equired
O. C. Chata			City & State			6. Election Campaign Financing			May Be
City & State			28			Trust Fund Contribution			to Fees
Zip		Country	Ζφ	Country		8. This corporation has liability for Florida Statutes	intangibie ta s ∏No	ox under 5	195.002
<u> </u>	25		29	30		10. Name and Address of New		Agent	
	9. Name and	Address of Current R	egistered Agent	81	Name				
14/411 <b>/25</b> 6	IAMEO U			82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
	, James H. .W. 117TH A\	rc			Ollow Files				
SUITE 25		<b>11.</b>		83				,	
MIAMI FL 33177				84	City		FL	<b>85</b> 2 p	Code
1. Pursuant to or registered	the provisions of agent, or both	of Sections 607.0502 an	id 607,1508, Florida Statut Such change was authoriz 607,0505, Elorida Statutes	les, the above red by the corps	named corpo ioration's boa	ration submits this statement for the p ind of directors. I hereby accept the ap	urpose of ch pointment a	nanging its re s registered	agent. Lam
or registered familiar with	the provisions of account of account the account of	e obligations of Section	607.0505, Ejorida Statutes	S NE Responses April			[vATE		
or registered familiar with SIGNATURE SI	d agont, 9 both and account the	e obligations of Section	607,0506, Elorida Statutes stikufajs sam (N DIRECTORS	s	ert Signature (explore		[vATE		RS IN 12
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annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made drib comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name for or an attachment with an address. certify that the information indicated so this annual adjusted to this annual adjusted to the information indicated so this annual adjusted to the company of the company o

SIGNATURE:

CNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-74 305-253-