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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V57409** **(7)**

1. Corporation Name
OPTIX VISION, INC.

Principal Place of Business	Mailing Address
12753 S.W. 42ND STREET MIAMI FL 33175-4130	12753 S.W. 42ND STREET MIAMI FL 33175-3429

3. Date Incorporated or Qualified: **08/10/1992**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business	2a. Mailing Address
21 OPTIX VISION, INC.	26 OPTIX VISION, INC.
Suite, Apt. #, etc. 22 13343 S.W. 42nd ST.	Suite, Apt. #, etc. 27 13343 S.W. 42nd ST.
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33175 Country 25	Zip 29 33175 Country 30

4. FEI Number: **65-0357185** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, DAVID 12753 S.W. 42ND STREET MIAMI FL 33175-4130	81 Name THOMAS DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 83 13343 S.W. 42nd STREET 84 City MIAMI, FL 85 Zip Code 33175

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, DAVID 12753 S.W. 42ND ST. MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D THOMAS, DAVID 13343 S.W. 42 ST. MIAMI, FL 33175	☒ Change ☐ Addition (address)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, MARGARITA 12753 S.W. 42ND ST. MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D THOMAS, MARGARITA 13343 S.W. 42 ST. MIAMI, FL 33175	☒ Change ☐ Addition (address)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: D. Margarita Thomas 4-19-1997 (305)554-5228