

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # **K12102 (5)**

1. Corporation Name
VISION DESIGN EYEWEAR, INC.

Principal Place of Business Mailing Address
% DIANE ARIS
13499 BISCAYNE BLVD. M-4
N. MIAMI FL 33181



2. Principal Place of Business 2a. Mailing Address
21 **13499 Biscayne Blvd** 26 **same**
State, Apt. #, etc. State, Apt. #, etc.
22 **M4** 27 **same**
City & State City & State
23 **N. miami, Fla** 28
Zip Country Zip Country
24 **33181** 25 **USA** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
01/15/1988 **06/23/1995**
4. FFI Number Applied For / Not Applicable
65-0046281
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

ARIS, DIANE
1865 DRICKELL AVE APT PH4
SUITE 1706
MIAMI FL 33129

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 607.0502 and 607.1408, 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 of the person authorized to file this report Signature of the person authorized to file this report

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OVADIA, AHARON	
STREET ADDRESS	6711 WINDSOR LANE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OVADIA, DIANE	
STREET ADDRESS	6711 WINDSOR LANE	
CITY-ST-ZIP	MIAMI BCH. 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

50000017509495
03/27/96 01010-10
\$4,200.00

32
3.26

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is a 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: *Diane Aris* **Diane Aris** 1/31/96 (305) 947-0400
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Diane Ovadia **Diane Ovadia**

CR2E034 (12/95)