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

PROFIT CORPORATION ANNUAL REPORT 1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K25035

(2)

OCEAN OPTIQUE DISTRIBUTORS, INC.

	FILED
Jul 01	1997 8:00am
Secr	etary of State

Principal Plac	ce of Business	Mailing Address			I BIBIN BIBIN BIBIN BIBIN BIBIN BIBIN 1881
14250 SW 118 MIAMI FL 331	OTH AVENUE	14250 SW 118TH AVENUE MIAMI FL 33186-6023			
				3. Date Incorporated or Qualified 05/31/1988	3a. Date of Last Report 02/19/1996
<u></u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H	26		65-0052592	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	L.J Added to Fees
24	25	— `	30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
[24]	9. Name and Address of Currer		<u>sol</u>	10. Name and Address of New Re	
4174	MAN. RAY-		81 Name	1/ 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	- /
	50 SW 19TH AVENUE		B2 Street		
	MI FL 33188		BZ Street	Address (P.O. Box Number is Not Acceptat	ole)
			83	SAMO	
			84 City	30.11	B5 Zip Code
					FL
11. Pursuant office or i	to the provisions of Sections 607.050 registered goent, or both, in the State	2 and 607.1508, Florida Statutes	s, the above-named thorized by the core	corporation submits this statement for the population's heard of directors. I become	ourpose of changing its registered
agent. I a	m laptilial with, and accept the obliga-	allops of, Section 607.0505, Flori	ida Statutes.	poration's board of directors. I hereby acce	n - 10-1
SIGNATURE	funit go	1 ver		· / -	23/97
12.	Signature, typed or printed name of registred age OFFICIAS AN		Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE /
TITLE	DC	DELETE	1.1 TOLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HYMAN, RAY	—	1.2 NAME		Ed onango E recomon
STREET ADDRESS	14250 SW 119TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DP .	DELETE	21 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	HYMAN, RAY JR	•	2 2 NAME		-
STREET ADDRESS	14250 SW 119TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE	SV	DELETE	3.1 TITLE		Change Addition
NAME	HYMAN, PATRICIA D	•	3.2 NAME		
STREET ADDRESS	14250 SW 119TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	DT COORDINATED I	☐ DELETE	4.1 TITLE		Change Addition
NAME	GORDON, KENNETH		4. 2 NAME		
STREET ADDRESS	14250 SW 119TH AVENUE		4.3 STREET ADDRESS	•	
CITY-ST-ZIP	MIAMI FL	- Briest	4.4 CITY - \$1 - ZIP		
TITLE	Danie	☐ DELETE	5.3 TITLE		Change Addition
NAME	RICHARD RUSSO 14250 Sau 119 A	. 1/3	5.2 NAME		
STREET ADDRESS	14250 Say 119 A	. 01	5.3 STREET ADDRESS		
CITY-ST-ZIP	MI'AMI FI. 33	186	54 CITY-ST-ZIP		0.5
TITLE		☐ DELETE	61 THLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

6.4 CłTY - ST - ZIP 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 revelver 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.