FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P96000050578 (9) SUNGLASS CITY, INC. Principal Place of Business Mailing Address 7220 N.W. 38TH STREET., #102 7220 N.W. 36TH STREET., #102 MIAM! FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/13/199</u>6 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0731305 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OLAIGBE, OLA 18441 NW 2 AVE STE 220 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33169** 83 84 City Zip Code 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 eyent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition PSD DELETE Change TITLE 1.1 TITLE VID GIRON, AULIO C 1.2 NAME NAME GIRON MARGOT 10340 SW 134 COURT STREET ADDRESS 1.3 STREET ADDRESS 10340 SW 134 COURT **MIAMI FL 33186** CITY - ST - ZIP 1.4 CITY-ST-ZIP MIAMI FL. 33186 DELETE Change Addition TITLE 21 TITLE SALVATO, DONY NAME 2.2 NAME 10569 N.W. 51ST STREET STREET ADDRESS 2.3 STREFT ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE

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 arnual 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: ATM.TO.

NAME

STREET ADDRESS

CITY-ST-ZIP

1

PRECIDENT

8 (305-)477-4013