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1996 MAY -1 PM 4:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F95000002519 (5)

1. Corporation Name

SUNGLASS HUT INTERNATIONAL, INC.

Principal Place of Business
255 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL 33134

Mailing Address
255 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 05/23/1995
3a. Date of Last Report
4. FEI Number: 22-2802551 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

10. **Name and Address of New Registered Agent**

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 SOUTH PINE ISLAND ROAD
84 City: PLANTATION FL 85 Zip Code: 33324

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 — **PETER F. SOUZA** **ASSISTANT SECRETARY** — DATE 4/29/96

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	CHADSEY, JACK B	
STREET ADDRESS	255 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	☑ DELETE
NAME	HAUSLEIN, JAMES N	
STREET ADDRESS	255 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T, DIRECTOR, Vice Pres.	☐ DELETE
NAME	PETERSEN, LARRY G	
STREET ADDRESS	255 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	~~DESAISEN,~~ DESAI, ROHIT M	
STREET ADDRESS	255 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	DUERDEN, JOHN H	
STREET ADDRESS	255 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	☐ DELETE
NAME	FIELDS, WILLIAM F	
STREET ADDRESS	255 ALHAMBRA CIRCLE, 12TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		☐ Change ☐ Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		☐ Change ☑ Addition
2.1 TITLE	Secretary / Director	
2.2 NAME	Pita, George L.	
2.3 STREET ADDRESS	255 Alhambra Circle	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	☑ Change ☐ Addition
3.1 TITLE	Vice Pres/ Treasurer / DIR	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		☐ Change ☑ Addition
4.1 TITLE	ASST. Secretary	
4.2 NAME	Marban, Marlene M.	
4.3 STREET ADDRESS	255 Alhambra Circle	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	☐ Change ☑ Addition
5.1 TITLE	DIR	
5.2 NAME	Phillips, William E.	
5.3 STREET ADDRESS	255 Alhambra Circle, 12 Floor	
5.4 CITY-ST-ZIP	Coral Gables, FL 33134	☐ Change ☐ Addition
6.1 TITLE	DIR	
6.2 NAME	Grayson, Robert C.	
6.3 STREET ADDRESS	255 Alhambra Circle, 12 Floor	
6.4 CITY-ST-ZIP	Coral Gables, FL 33134	

TSL 6/1/96

CR2E034 (12/95)

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 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: **MARLENE M. MARBAN** **ASST. SECRETARY** 4/22/96 (305) 461-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #