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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006775 (8)

LEHRER BRILLENPERFEKTION WERKS, INC.

Principal Place of Business Mailing Address 20801 NORDHOFF STREET CHATSWORTH CA 91311 20001 NOROHOFF STREET CHATSWORTH CA 91311-5925 3. Date Incorporated or Qualified 3a. Date of Last Report 12/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 95-3927207 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 X Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIVERA, HECTOR 8555 N.W. 29TH ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33122 83 City Zip Code 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition LEHRER, KEITH NAME 1.2 NAME 20801 NORDHOFF ST. STREET ADDRESS 1.3 STREET ADDRESS CHATSWORTH CA 91311 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition LEHRER, CHETT NAME 22 NAME 20801 NORDHOFF ST. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP CHATSWORTH CA \$1311 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME . 3.2 NAME **STREET ADDRESS** 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE 6.11ITLE Change Addition NAME 6.2 NAME

14. Ido hereby certify that the information sulplied with this hing. Jos jut 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 indicated and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the region of tructed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on a attack negrow with an address.

63 STHEET ADDRESS

64 CITY-ST-ZIP

SIGNATURE.

STREET ADDRESS

CITY-ST-ZIP

AMOUNT D

2E034 (9/96)

FILED

Apr 16 1997 8:00am

Secretary of State