

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90002 041 ***150.00

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1. Entity Name
LUXOTTICA SUN CORP.



Principal Place of Business
**44 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050**

Mailing Address
**44 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050**

54056459



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

11-3353045

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DEL VECCHIO, CLAUDIO
STREET ADDRESS 44 HARBOR PARK DRIVE
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE V ☐ Delete
NAME SERVIDORI, GUISEPPE
STREET ADDRESS 44 HARBOR PARK DRIVE
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE S ☐ Delete
NAME BOXER, MICHAEL A
STREET ADDRESS 44 HARBOR PARK DRIVE
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE T ☐ Delete
NAME GIANNOLA, VITO
STREET ADDRESS 44 HARBOR PARK DRIVE
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE D ☒ Delete
NAME DEL VECCHIO, LEONARDO
STREET ADDRESS 44 HARBOR PARK DRIVE
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☐ Change ☒ Addition
NAME ENRICO MISTRON
STREET ADDRESS 44 HARBOR PARK DRIVE
CITY-ST-ZIP PORT WASHINGTON, NY 11050

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with full address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VITO GIANNOLA 5/26/04 516 484-3800