

5-1-97 B 6023 C
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FILED
 May 01 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H41223 (9)
 1. Corporation Name
 NEOLENS, INC.



Principal Place of Business Mailing Address
 ATTN: JOHN E. HEINE/SOLA INTERNATIONAL, INC. ATTN: JOHN E. HEINE/SOLA INTERNATIONAL, INC.
 2420 SAND HILL RD. 2420 SAND HILL RD.
 MENLO PARK CA MENLO PARK CA 94025-6942

3. Date Incorporated or Qualified 02/05/1985 3a. Date of Last Report 04/30/1996
 4. FEI Number 59-2540595 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 2a. Mailing Address
 21 18963 NE 4th Ct 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Miami, FL 28
 24 Zip 33179 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGLUND, JON E	1.2 NAME	John E. Heine
STREET ADDRESS	18963 NE 4TH CT	1.3 STREET ADDRESS	2420 Sand Hill Rd Ste 200
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MICKEY	2.2 NAME	Jan S. Gillies
STREET ADDRESS	18963 NE 4TH COURT	2.3 STREET ADDRESS	2420 Sand Hill Rd. Ste 200
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, F. DOW	3.2 NAME	James Cox
STREET ADDRESS	18963 N.E. 4TH COURT	3.3 STREET ADDRESS	1500 Caden Lane
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Petaluma, CA 94954
TITLE	VTS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINEMANN, PHILLIP	4.2 NAME	
STREET ADDRESS	18963 N.E. 4TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V/D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTENBERG, DON	5.2 NAME	
STREET ADDRESS	18963 ME 4TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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 on an attachment with an address.

SIGNATURE: X *[Signature]* REQUIRED 4-24-97 415-344-6868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)