FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:17

DOCUMENT # J81861 (3)

1. Corporation Name
INTERNATIONAL VICTORY OPTICAL EYEWEAR, INC.

Principal Place of Business	Mailing Address
% FERNANDO ALLER ~~825 SOUTH BAYSHORE DRIVE, APT. 940~~ ~~MIAMI FL 33131~~ 104 CRANDON BLVD #305 KEY BISCAYNE, FL 33149	P.O. BOX 490233 MIAMI FL 33149

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 104 CRANDON BLVD	26 — Same —	06/03/1987	02/15/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22 #305	27	65-0004234	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 KEY BISCAYNE, FL	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 33149 25 USA	29 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLER, FERNANDO ~~825 SOUTH BAYSHORE DRIVE~~ 104 CRANDON BLVD #305 ~~APT 940~~ ~~MIAMI FL 33131~~ KEY BISCAYNE, FL 33149	81 Name — Same — 82 Street Address (P.O. Box Number is Not Acceptable) 104 CRANDON BLVD. #305 83 84 City KEY BISCAYNE, FL 85 Zip Code 33149

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLER, FERNANDO	1.2 NAME	
STREET ADDRESS	~~515 HAMPTON LANE~~	1.3 STREET ADDRESS	104 CRANDON BLVD #305
CITY-ST-ZIP	~~KEY BISCAYNE FL 33140~~	1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 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 above, or on an attachment with an X in front.

SIGNATURE: _____ 1/26/95 (305) 361-7196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

FERNANDO ALLER

0420030 FP