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
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38241 (1)

1. Corporation Name
EYE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS INC.~~	~~C/O FLORIDA REGISTERED AGENTS, INC.~~
~~100 SE 2 03000~~	~~100 SE 2ND STREET. #3000~~
~~MIAMI FL 33131~~	~~MIAMI FL 33131~~
~~US~~	US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 1100 Kane Concourse	26 1100 Kane Concourse
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bay Harbour Island, FL	City & State 28 Bay Harbour Island, FL
Zip 24 33154 Country 25 U.S.	Zip 29 33154 Country 30 U.S.

3. Date Incorporated or Qualified: 10/12/1988
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0079163 ☐ 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

9. Name and Address of Current Registered Agent

~~FLORIDA REGISTERED AGENTS INC.~~
~~100 SE 2ND ST, #3000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2001 S. Bayshore Drive
83 Suite 1600
84 City: Miami FL 85 Zip Code: 33133

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 w... A. Z. REGISTERED AGENT CORPORATION

SIGNATURE By: T.A. Ziskind, Vice President
Signature/Type or print name (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MONDSHINE, ROBERT	1.2 NAME	
STREET ADDRESS	1100 KANE CONCOURSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	1.4 CITY-ST-ZIP	
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)(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: [signature] 6/26/95 (305) 861-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
ROBERT B. MONDSHINE

0127822 CP