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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:15

DOCUMENT # K43537

(5)

1. Corporation Name

REKNOWN EYEWEAR, INC.

Principal Place of Business

% ROBERT CLAUDE REGE-TURO
7070 NW 50 ST
MIAMI FL 33166
US

Mailing Address

% ROBERT CLAUDE REGE-TURO
7070 NW 50 ST
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1988

3a. Date of Last Report

04/04/1994

4. FEI Number

65-0099215

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

21

2a. Mailing Address

26

P.O. Box 490987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Miami FL

Zip

24

Country

25

Zip

29

33149-0987

Country

30

USA

9. Name and Address of Current Registered Agent

REGE-TURO, ROBERT CLAUDE
7070 NW 50 ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME REGE-TURO, ROBERT CLAUDE
STREET ADDRESS 7070 NW 50 ST
CITY-STATE-ZIP MIAMI FL

TITLE CD
NAME PAASCHE NORMAN
STREET ADDRESS 144 LAKE DR.
CITY-STATE-ZIP PALM BCH., SHORES FL 33404

TITLE AS
NAME KEMMPER, MARGARET RAY
STREET ADDRESS 101 N. MONROE ST.
CITY-STATE-ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(3)(b), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Rege-Turo

2-9-95

Date

305 592-8915

Typed Name