

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K43537** (5)

1. Corporation Name

REKNOWN EYEWEAR, INC.



Principal Place of Business

Mailing Address

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

P. O. BOX 490987
7070 NW 50 ST
MIAMI FL 33149-0987
US

3. Date Incorporated or Qualified
11/04/1988

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **328 CRANDON BLVD.**
Suite, Apt. #, etc.

26 **P.O. BOX 490987**
Suite, Apt. #, etc.

4. FEI Number
65-0089215

Applied For
Not Applicable

22 **SUITE 203-204**
City & State

27
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **KEY BISCAIYNE, FL**
Zip Country

28 **KEY BISCAIYNE, FL**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33149** 25 **USA**

29 **33149-0987** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

328 CRANDON BLVD.

83

SUITE 203-204

84 City

KEY BISCAIYNE

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

Signature, typed or printed name of registered agent and below applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS **328 CRANDON BLVD STE. 203-204**
1 4 CITY-STATE-ZIP **KEY BISCAIYNE, FL 33249**

TITLE ☐ DELETE
NAME **C PAASCHE, DEL**
STREET ADDRESS **144 LAKE DR.**
CITY-STATE-ZIP **PALM BEACH SHORES FL**

2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-STATE-ZIP

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

3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Rege-Turo 3/1/96 305 365-9980

CR2E034 (12/95)