FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90275 005 ***150.00

DOCUMENT # K58733 ARIA ADVANCED EYEWEAR, INC. Mailing Address Principal Place of Business C/O MICHAEL STEVEN GREENE 6065 N.W. 167 STREET 201 S BISCAYNE BLVD. SUITE 900 SUITE B22 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33015 3. Date Incorporated or Qualifed 01/17/1989 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0093300 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Country Country Zip 8. This corporation owes the current year Intangible Zin 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GREENE, MICHAEL STEVEN Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD. SUITE 900 83 **MIAMI FL 33131** 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE MERMET-MARECHAL, PIERRE 1.2 NAME NAME 1.3 STREET ADDRESS 15535 N W 83RD CT STREET ADDRESS MIAMI FL 1,4 CITY-\$T-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE STD BERTHET-BONDET, PIERRE 22 NAMÉ NAME 2.3 STREET ADDRESS 6065 N.W. 167TH S B 22 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 ÇITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

I 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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

SIGNATURE AND VIEW OF BEING NAME OF SIGN

CR2E034 (11/98)