2000 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam	MENT # K58	,,		FILED Jul 25, 2000 8:00 am					
ARIA ADVANCED EYEWEAR, INC. Secretary of State 07-25-2000 90095 035 ***550.00									
6065 N.V Suite B	re of Business N. 167th Street 22 Florida 33015	Mailing Address c/o Michael Steven Greene 201 S. Biscayne Blvd Suite 900 Miami, Florida 33131					U7421		
	Place of Business	3. Mailing Address 2 S. Biscayne Blvd. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Suite, Apt.		Suite 3400 City & State			: 4. F	4. FEI Number Applied For			
Zip ′	Country	Miami, Florid Zip 33131	Country USA			65-0093300 Pertificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. N	ame and Address of New Regis	stered Agen	t	
Greene,	Michael Steven	,		Name Valde	es-Fai	uli Corporate Ser	vices.	Tnc.	·
Suite 9				Street Addres	Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Blvd., Suite 3400				
ritalit,	Florida 33131			City Mi.am:	i.	<u> </u>	FL Z	ip Code 331	31
8. The above named entity submits this stylement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. VALDES-FAULI CORPORATE SERVICES, INC. SIGNATURE BY July 5, 2000									
	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registere	ed Agent signature requ	ured when rein	nstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW! After MAY 1, 200 Make Check Payabl	0 Fee	will be \$550.01	# 2 1 4 # 2 6 12 # 4 12 4 1 T	Election Campaign Financ Trust Fund Contribution. :	ing 🔲	\$5.0 0 Added	May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADD	DITIONS/CHANGES TO OFFICE	RS AND DIRI	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mermet-Marechal, 15535 N.W. 83rd Cou Miami, Florida					·		Change	Addition
NAME	T/S/D Berthet-Bondet, Pier	☐ Delete	TITL NAM STR					Change	Addition
CITY-ST-ZIP	6065 N.W. 167th Stree Miami, Florida 33015	et, Suite B22	CITY	r-ST-ZIP		,		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				ME EET ADDRESS (-ST-ZIP		a second		••	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	9	i				Change	Addition
13. 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 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with ad addless, with all other like empowered.									
SIGNATURE: Pierre Mermet-Marechal (305) 824-3030 Date Date Date Date (305) 824-3030									