

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L65643** (3)
1. Corporation Name
COHEN'S FASHION OPTICAL MALL OF AMERICAS, INC.



Principal Place of Business % CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32302	Mailing Address % CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301-1279
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3. Date Incorporated or Qualified 04/17/1990	3a. Date of Last Report 08/28/1996
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2. Principal Place of Business 21. COHEN FASHION OPTICAL Suite, Apt. #, etc. 22. 1500 Hempstead Tpk City & State 23. EAST MEADOW N.Y. Zip 24. 11554 Country 25. U.S.	2a. Mailing Address 26. COHEN FASHION OPTICAL Suite, Apt. #, etc. 27. 1500 HEMPSTEAD TPK City & State 28. EAST MEADOW, N.Y. Zip 29. 11554 Country 30. U.S.
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4. FEI Number 11-3024468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ROBERT	
STREET ADDRESS	338 ATLANTIC AVENUE	
CITY - ST - ZIP	EAST ROCKAWAY NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, RICHARD	
STREET ADDRESS	338 ATLANTIC AVENUE	
CITY - ST - ZIP	EAST ROCKAWAY NY	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, EDWARD	
STREET ADDRESS	338 ATLANTIC AVENUE	
CITY - ST - ZIP	EAST ROCKAWAY NY	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ALAN	
STREET ADDRESS	338 ATLANTIC AVENUE	
CITY - ST - ZIP	EAST ROCKAWAY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COHEN, ROBERT	
1.3 STREET ADDRESS	1500 Hempstead Tpk	
1.4 CITY - ST - ZIP	EAST MEADOW N.Y. 11554	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COHEN, ALAN	
2.3 STREET ADDRESS	1500 HEMPSTEAD TPK	
2.4 CITY - ST - ZIP	EAST MEADOW N.Y. 11554	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steinfeld, Anita	
3.3 STREET ADDRESS	1500 Hempstead Tpk	
3.4 CITY - ST - ZIP	East Meadow, N.Y. 11554	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

I do 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 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:  V.P. 4-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)