


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>FILING FEE</b> \$ 188.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		

**FILED** *4/20*  
98 APR 17 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000000646  EXPERT VISION EXPRESS NO. 2, L.C. 5230 COCONUT CREEK PARKWAY MARGATE FL 33063
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1a. Principal Place of Business Address  2698 N UNIVERSITY DR SUNRISE FL 33322
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2. Principal Place of Business  Suite, Apt. #, etc. 2698 N. UNIVERSITY DR City & State SUNRISE - FLORIDA Zip 33322	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country USA
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3. Date Organized or Qualified 06/12/1996	3a. State of Formation FL
4. FEI Number 65-0672715 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/21/1997	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  PETTINATO, ROBERTO 5230 COCONUT CREEK PARKWAY MARGATE FL 33063
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8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) 300002496973--2 Suite, Apt. #, etc. -04/22/98--01092--018 ****188.75 ****188.75 City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PETTINANTO, ROBERTO	20529 CAROUSEL CIRCLE WEST	BOCA RATON FL
MGRM	PETTINANTO, GIANNI	20529 CAROUSEL CIRCLE WEST	BOCA RATON FL
MGRM	MUSA, KELLI	10770 MAPLE CHASE DRIVE	BOCA RATON FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Roberto Pettinato* ROBERTO PETTINATO 04/14/98 (954) 984 9966  
SIGNATURE AND FULLY PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #