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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M21558

(5)

EYEWARE CONSULTANTS, INC.

Principal Place of Business Mailing Address 2945 S.W. 8TH STREET 2945 S.W. 8TH STREET MIAMI FL 33135-2826 MIAM! FL 33135 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1985 02/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0443424 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 6. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name VALDES, SYLVIA 431 ZAMORA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MAMI FL 33134 83 84 City Zip Code 85 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 nother of registered agest and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) 12. DELETE Change TITLE 11 TITLE VALDES, SYLVIA 1.2 NAME NAME 431 ZAMORA AVE. 13 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 14 CITY-ST-ZIP CITY - ST - ZIP Addition ___ DELETE Change TITLE 21 TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Addition ☐ DELETE Change 31 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP Addition DELETE Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change THILE 6.1 TITLE 6.2 NAME NAME

14. 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 chapted, or on an attagmment with an address

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED

Jan 16 1997 8:00am

Secretary of State