FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M60713** **(8)**

1. Corporation Name
SUPERIOR FRAME LINE, INC.

Principal Place of Business
640 WARREN LANE
KEY BISCAYNE FL 33149
US

Mailing Address
PO BOX 490987
MIAMI FL 33149
US

3. Date Incorporated or Qualified: 10/13/1987
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business
21 328 CRANDON BLVD
Suite, Apt. #, etc.
22 203-204
City & State
23 KEY BISCAYNE FL
Zip 24 33149 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2851696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LAMONT & NEIMAN
1 BISCAYNE TOWER STE 3350
2 S BISCAYNE BV
MIAMI FL 33131

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of New Registered Agent if a change) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	GIROD, PIERRE	
STREET ADDRESS	2 S BISCAYNE BV	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	GIROD, MICHEL	
STREET ADDRESS	2 S BISCAYNE BV	
CITY, ST, ZIP	MIAMI FL	
TITLE	PTD	☐ DELETE
NAME	REGE TURO, ROBERT CLAUDE	
STREET ADDRESS	640 WARREN LANE	
CITY, ST, ZIP	KEY BISCAYNE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	D	☐ Change ☒ Addition XX
4.2 NAME	SOCIETE FRANCAISE DE LUNETTERIE	
4.3 STREET ADDRESS	F 39150	
4.4 CITY, ST, ZIP	CHAUX DU DOMBIEF, FRANCE	
5.1 TITLE	SECRETARY	☐ Change ☒ Addition XX
5.2 NAME	PATRICIA BALDWIN ste. 203	
5.3 STREET ADDRESS	328 CRANDON BLVD.	
5.4 CITY, ST, ZIP	KEY BISCAYNE FL 33149	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Patricia Baldwin 2-16-96 305 365-9980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)