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DIVISION OF CORPORATIONS

95 MAY -1 PM 12:45

DOCUMENT # **P93000040654 (4)**

SUNGLASS HUT OF MEXICO, INC.

255 ALHAMBRA CIR.
12TH FLOOR
CORAL GABLES FL 33134
US

255 ALHAMBRA CIR.
12TH FLOOR
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0450097 — 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 § 199.032 Florida Statutes: [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 Section 607.0505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida as follows, and the corporation's board of directors, thereby, adopt the appointment of the registered agent. [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D	
NAME	CHADSEY, JACK B
ADDRESS	255 ALHAMBRA CIR.
CITY	CORAL GABLES FL
D	
NAME	HAUSLEIN, JIM
ADDRESS	255 ALHAMBRA CIR.
CITY	CORAL GABLES FL
D	
NAME	PITA, GEORGE
ADDRESS	255 ALHAMBRA CIR.
CITY	CORAL GABLES FL
D	
NAME	KRYSEVIG, WALTER
ADDRESS	255 ALHAMBRA CIR.
CITY	CORAL GABLES FL

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE	[illegible]	[✓] Change [ ] Add
NAME	[illegible]	
ADDRESS	255 ALHAMBRA CIRCLE	
CITY	CORAL GABLES, FL	
TITLE	[illegible]	[✓] Change [ ] Add
NAME	[illegible]	
ADDRESS	255 ALHAMBRA CIRCLE	
CITY	CORAL GABLES, FL	
TITLE	[illegible]	[✓] Change [ ] Add
NAME	[illegible]	
ADDRESS	255 ALHAMBRA CIRCLE	
CITY	CORAL GABLES, FL	
TITLE	[illegible]	[ ] Change [✓] Add
NAME	[illegible]	
ADDRESS	255 ALHAMBRA CIRCLE	
CITY	CORAL GABLES, FL	
TITLE		[ ] Change [ ] Add
NAME		
ADDRESS		
CITY		

14. I hereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on attached sheets with any alteration.

SIGNATURE: [signature] 5/4/95 305-461-6101

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

MARLENE M. MARDAN
ASST. SECRETARY

0141986 CP