

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

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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000056649 (5)**

1. Corporation Name
SUNGLASS HUT ACQUISITION CORP.



Principal Place of Business 255 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134 US	Mailing Address 255 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134-7403 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/11/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0430335	Applied For <input type="checkbox"/> 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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD CHADSEY, JACK
STREET ADDRESS	255 ALHAMBRA CR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	CEO CHADSEY, JACK
STREET ADDRESS	255 ALHAMBRA CR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	ATSD PITA, GEORGE
STREET ADDRESS	255 ALHAMBRA CR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPTD PETERSEN, LARRY
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	AS MARBAN, MARLENE
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CFO PETERSEN, LARRY
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/T/D/CFO
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 checked="" type="checkbox"/> Addition
6.2 NAME	V/D Grund, Edward L.
6.3 STREET ADDRESS	255 Alhambra Circle
6.4 CITY - ST - ZIP	Coral Gables, FL 33134

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 changed, or on an attachment with an address.

SIGNATURE:  4/22/97 (305) 461-6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)