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

APPROVED AND FILED
1996 MAY -1 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024301 (1)

1. Corporation Name
SUNGLASS HUT OF NORTHERN FRANCE, INC.

Principal Place of Business
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: ~~APPLIED FOR~~ 65-0592265 — Applied For / Not Applicable
5. Certificate of Status Desired [x] — $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
~~CORPORATION INFORMATION SERVICES INC.~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent
81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 South Pine Island Road
84 City: PLANTATION FL 85 Zip Code: 33324

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] PETER F. SOUZA, ASSISTANT SECRETARY
Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg. Agent signature required when reinstating)
DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PCOD	[ ] DELETE
NAME	CHADSEY, JACK B	
STREET ADDRESS	% 255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	CSD	[x] DELETE
NAME	HAUSLEIN, JAMES N	
STREET ADDRESS	% 255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	~~SDAT~~ / Sec / DIR	[ ] DELETE
NAME	PITA, GEORGE L	
STREET ADDRESS	% 255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VCFT / DIR	[ ] DELETE
NAME	PETERSEN, LARRY	
STREET ADDRESS	% 255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	AS	[ ] DELETE
NAME	MARBAN, MARLENE	
STREET ADDRESS	255 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres/CEO/DIR	[x] 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	Sec/AT/DIR	[x] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP/CFO/Treas/DIR	[x] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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5/2/96

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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: [signature] MARLENE M. MARBAN, ASST. SECRETARY — 4/29/96 — (305) 461-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #