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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33134-7411

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0592265		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
FL				B5 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCED	<input type="checkbox"/> DELETE	1.1 TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHADSEY, JACK B		1.2 NAME				
STREET ADDRESS	% 255 ALHAMBRA CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP				
TITLE	SATD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PITA, GEORGE L		2.2 NAME				
STREET ADDRESS	255 ALHAMBRA CIRCLE		2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP				
TITLE	VCFO	<input type="checkbox"/> DELETE	3.1 TITLE	V/CFO/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PETERSEN, LARRY		3.2 NAME				
STREET ADDRESS	255 ALHAMBRA CIRCLE		3.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARBAN, MARLENE		4.2 NAME				
STREET ADDRESS	255 ALHAMBRA CIRCLE		4.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	V / D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	BRUND, EDWARD L.			
STREET ADDRESS			5.3 STREET ADDRESS	255 ALHAMBRA CIRCLE			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

MARLENE M. MARBAN

CR2E034 (9/96)