

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000038339 (5)

1. Corporation Name

EYECOR INTERNATIONAL CORP.

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5975 SUNSET DRIVE 6501 PARK OF COMMERCE BLVD #110
SUITE 302 BOCA RATON, FL 33487
MIAMI FL 33143

5975 SUNSET DRIVE
SUITE 302
MIAMI FL 33143

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/20/1994

2. Principal Place of Business

2a. Mailing Address

21 6501 PARK OF COMMERCE BLVD.

26 6501 PARK OF COMMERCE BLVD.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 110

27 110

City & State

City & State

23 BOCA RATON, FL.

28 BOCA RATON FL

Zip

Country

Zip

Country

24 33487

25 PALM BEACH

29 33487

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOTT, GEORGE J
%LOTT & LEVINE
5975 SUNSET DR., STE. 302
MIAMI FL 33143

81 Name ROBYN GODUR
82 Street Address 6501 PARK OF COMMERCE BLVD #110
83
84 City BOCA RATON FL 85 Zip Code 33487

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

ROBYN GODUR

Robyn Godur

6/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED AGENTS

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	P	☐ Change ☒ Addition
2. NAME	ROBYN GODUR	
3. STREET ADDRESS	6501 PARK OF COMMERCE BLVD #110	
4. CITY, ST, ZIP	BOCA RATON, FL. 33487	
5. TITLE	V	☐ Change ☒ Addition
6. NAME	STACEY GODUR	
7. STREET ADDRESS	6501 PARK OF COMMERCE BLVD #110	
8. CITY, ST, ZIP	BOCA RATON, FL. 33487	
9. TITLE	D	☐ Change ☒ Addition
10. NAME	JAIME GODUR	
11. STREET ADDRESS	6501 PARK OF COMMERCE BLVD #110	
12. CITY, ST, ZIP	BOCA RATON, FL. 33487	
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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 110.07(3)(b), 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:

ROBYN GODUR

Robyn Godur

6/29/95

401-998-9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR