

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057868 (9)
 1. Corporation Name
FOCUS FASHION OPTICAL OF MIAMI, INC.



Principal Place of Business THE MALL 163RD ST. 1455 N.E. 163RD ST. N. MIAMI BCH. FL 33162	Mailing Address 2197 N.W. 59TH ST. BOCA RATON FL 33496
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1994	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	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 owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PARISI, CATHERINE 2197 N.W. 59TH STREET BOCA RATON FL 33496				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code
				FL	

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 *Catherine Parisi* *Catherine Parisi* **4-29-98**
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	D	<input type="checkbox"/> DELETE		11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARISI, CATHERINE			12. NAME			
STREET ADDRESS	2197 N.W. 59TH STREET			13. STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496			14. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2. NAME			
STREET ADDRESS				2.3. STREET ADDRESS			
CITY-ST-ZIP				2.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2. NAME			
STREET ADDRESS				3.3. STREET ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2. NAME			
STREET ADDRESS				4.3. STREET ADDRESS			
CITY-ST-ZIP				4.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2. NAME			
STREET ADDRESS				5.3. STREET ADDRESS			
CITY-ST-ZIP				5.4. CITY-ST-ZIP			
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 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: *Catherine Parisi* *Catherine Parisi* **4-29-98** (561) 994-4426

CR2E034 (10/97)