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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 POCUMENT # P9400057868 (9)

FOCUS FASHION OPTICAL OF MIAMI, INC.

Principal Place THE MALL 16: 1455 N.E. 163 N. MIAMI BCH	3RD ST. RD ST.	Mailing Address 2197 N.W. 59TH ST. BOCA RATON FL 33496	6	DO NOT WRITE IN THE 3. Date Incorporated or Qualified 08/05/1994 4. FEI Number NOT APPLICABLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	current year Intangible
24	9. Name and Address of Curre	nt Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
PARISI, CATHERINE 2197 N.W. 59TH STREET BOCA RATON FL 33496			81 Name 82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable)	I SEL Zin Code
SIGNATURE	CATILENIE Signature, type-for printi dinance of equilibried as OFFICERS AF	PANIST pot and title it appear that (NC NO DIRECTORS	ules, the above-named cors authorized by the corporal lorida Statutes. 11 Registered Agent signature required.	poration submits this statement for the purpose ition's board of directors. I hereby accept the appropriate when reinstating) ADDITIONS/CHANGES TO OFFICERS A	of changing its registered ppointment as registered -2 9-28 ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISI, CATHERINE 2197 N.W. 59TH STREET BOCA RATON FL 33496	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET AODRESS		☐ DELETÉ	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETÉ	2 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 City - S1 - Zip		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE1 ADDRESS 5.4 CITY - ST- ZIP		Change Addition
TITLE NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

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 arrival 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.

CICNATUDE.

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114-01 Pair 4-29-98 (561) 994-442

FILED

May 20 1998 8:00am

Secretary of State