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May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000003682 (8)

1. Corporation Name

EYEGLOSS WORLD V. INC.

Principal Place of Business  
11286 S. CLEVELAND AVE.  
FT. MYERS FL 33907

Mailing Address  
C/O MARCO MUSA  
3480 S. CONGRESS AVE.  
LAKE WORTH FL 33461-3022  
US



3. Date Incorporated or Qualified 01/13/1995  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 3701 S. Congress Ave		65-0524672		Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Zip		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

MUSA, MARCO  
11286 S. CLEVELAND AVE.  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name MASSIMO MUSA  
82 Street Address (P.O. Box Number is Not Acceptable) 3701 S. Congress Ave  
83  
84 City Lake Worth FL 85 Zip Code 33461

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	MUSA, MARCO	1.2 NAME	MUSA, MARCO
STREET ADDRESS	3480 S. CONGRESS AVE.	1.3 STREET ADDRESS	3701 S. Congress Ave
CITY - ST - ZIP	LAKE WORTH FL 33461	1.4 CITY - ST - ZIP	LAKE WORTH FL 33461
TITLE	P	2.1 TITLE	
NAME	MUSA, MASSIMO	2.2 NAME	
STREET ADDRESS	1918 DEL PRADO BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33990	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	
NAME	MUSA, MARC-ANDREA	3.2 NAME	
STREET ADDRESS	1918 DEL PRADO BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33990	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/97

(561)965-9110

CR2E034 (9/96)