

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000031652 (7)

1. Corporation Name

EYEGLOSS WORLD X, INC.

Principal Place of Business

SWIDERSKI BLVD., U.S. HIGHWAY 441
LEESBURG FL 34788

Mailing Address

3701 S. CONGRESS AVE
LAKE WORTH FL 33461-3753

FILED
May 02 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1995		3a. Date of Last Report 11/12/1996	
21		26		4. FEI Number 59-3360221		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		29		30			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

MUSA, MASSIMO
3460 S. CONGRESS AVENUE
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 3701 S. Congress Ave
83	
84	City Lake Worth
85	Zip Code FL 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, 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	1.1 TITLE	P
NAME	MUSA, MASSIMO	1.2 NAME	MUSA, MASSIMO
STREET ADDRESS	3460 S. CONGRESS	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		2.1 TITLE	VP
NAME		2.2 NAME	MUSA, MARCO-Andrea
STREET ADDRESS		2.3 STREET ADDRESS	3701 S. Congress Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lake Worth FL 33461
TITLE		3.1 TITLE	T
NAME		3.2 NAME	MUSA, MARCO
STREET ADDRESS		3.3 STREET ADDRESS	3701 S. Congress Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake Worth FL 33461
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 (SU) 945-9110.

CR2E034 (9/96)