FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000039067 (0)**

1. Corporation Name

EYEWEAR INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
2960 CORAL WAY MIAMI F: 33172	2960 CORAL WAY MIAMI F: 33172

2. Principal Place of Business 21	2a. Mailing Address 26 1790 CORAL WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #200
City & State 23	City & State 28 MIAMI, FL
Zip / Country 24 / 25	Zip / Country 29 33145 / 30 USA

3. Date Incorporated or Qualified: 05/17/1995
3a. Date of Last Report:
4. FEI Number: 65-0581411 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUAREZ, JANET
7280 LAGO DR. WEST
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name: GLORIA MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 1790 CORAL WAY - SUITE 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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: Gloria Martin — DATE: 2/26/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must sign if changed in Block 10 above.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, JANET		1.2 NAME		
STREET ADDRESS	7280 LAGO DRIVE WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33143		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, JULIE		2.2 NAME		
STREET ADDRESS	7280 LAGO DRIVE WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33143		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Janet Suarez — (305) 856-9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #