

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2860 CORAL WAY
MIAMI F: 33172

Mailing Address
1780 CORAL WAY
#200
MIAMI FL 33145-2782
US

3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report
03/07/1996

2. Principal Place of Business
21 16501 N.W. 16CT
Suite, Apt. #, etc.

2a. Mailing Address
26 16501 NW 16 CT
Suite, Apt. #, etc.

4. FEI Number
65-0581411

Applied For
Not Applicable

22 City & State
23 Miami, Fla

27 City & State
28 Miami, Fla

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33169 25 USA

29 33169 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, GLORIA
1780 CORAL WAY
#200
MIAMI FL 33145

81 Name
82 MARTIN, gloria M.
Street Address (P.O. Box Number is Not Acceptable)
83 16501 NW 16 CT
84 City
MIAMI FL 85 Zip Code
33169

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PO
SUAREZ, JANET
7280 LAGO DRIVE WEST
CORAL GABLES FL 33143

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
16501 N.W 16 CT
Miami, Fla 33169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
SUAREZ, JULIE
7280 LAGO DRIVE WEST
CORAL GABLES FL 33143

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
16501 N.W. 16 CT
Miami, Fla 33169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

President 4/22/97 305-621-4227

Date Daytime Phone #

CR2E034 (9/96)