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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90009 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000050511

1. Corporation Name  
FELLINI EYEWEAR, INC.



Principal Place of Business  
10569 NW 51ST ST  
MIAMI FL 33178  
US

Mailing Address  
10569 NW 51ST ST  
MIAMI FL 33178  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

06/28/1995

4. FEI Number

65-0592509

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEIJOO, INGRID  
7535 NW 52 ST  
MIAMI FL 33166

81 Name SALVATO DONY  
82 Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 ST. SUITE # 102  
83 MIAMI FL 33166 --  
84 City FL 85 Zip Code

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

Table with 5 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. The first row is for D SALVATO, DONY at 10569 NW 51ST ST, MIAMI FL 33178. Other rows are empty with 'DELETE' checkboxes.

Table with 5 rows for Additions/Changes to Officers and Directors. Each row includes 1.1-1.4 or 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4. The first row is for 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Other rows are empty with 'Change' and 'Addition' checkboxes.

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 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, with all other like empowered.

SIGNATURE: [Signature] AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)