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May 12 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 # P96000034894 (1)

1. Corporation Name
SUNGLASS' CAPITAL CORP.

Principal Place of Business
5850 LAKEHURST DR SUITE 150-20
ORLANDO FL 32819

Mailing Address
5850 LAKEHURST DR SUITE 150-20
ORLANDO FL 32819-8396

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|---|-------------------------------|
| 3. Date Incorporated or Qualified 04/18/1996 | 3a. Date of Last Report |
| 4. FEI Number 59-3386539 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|---|
| 2. Principal Place of Business 21 5464 INTERNATIONAL DR Suite, Apt. #, etc. | 2a. Mailing Address 22 1969 S. KIRKMAN RD Suite, Apt. #, etc. |
| 23 ORLANDO, FL City & State | 27 SUITE #38 City & State |
| 24 32819 Zip | 28 ORLANDO, FL City & State |
| 25 US Country | 29 32811 Zip |
| | 30 US Country |

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|---|--|
| 9. Name and Address of Current Registered Agent LUCAS, JOSE A 5850 LAKEHURST DR SUITE 150-20 ORLANDO FL 32819 | 10. Name and Address of New Registered Agent 81 Name LUCAS, JOSE A 82 Street Address (P.O. Box Number is Not Acceptable) 1969 S. KIRKMAN RD 83 SUITE 38 84 City ORLANDO FL 85 Zip Code 32811 |
| 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: <i>Marcia Lucia Lucas</i> 04.10.97 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | |

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|--|--|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP LUCAS, JOSE A 5850 LAKEHURST DR SUITE 150-20 ORLANDO FL 32819 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1969 S. KIRKMAN RD #38 ORLANDO, FL 32811 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VST LUCAS, MARCIA 5850 LAKEHURST DR SUITE 150-20 ORLANDO FL 32819 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1969 S. KIRKMAN RD #38 ORLANDO, FL 32811 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Marcia Lucia Lucas* 04.10.97 5520840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)