

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00 am
Secretary of State

DOCUMENT # P96000040331 (6)

1. Corporation Name
ECLECTIC EYE, INC.



Principal Place of Business

1000 AUAYSIDE TERRACE
TOWER SUTIE 12
MIAMI FL 33138

Mailing Address

1000 AUAYSIDE TERRACE
TOWER SUTIE 12
MIAMI FL 33138

2. Principal Place of Business

21 1000 Quayside Terrace

Suite, Apt. #, etc.

22 Tower Suite 12

City & State

23 Miami, FL

24 Zip 33138

Country

25 USA

2a. Mailing Address

26 1000 Quayside Terrace

Suite, Apt. #, etc.

27 Tower Suite 12

City & State

28 Miami, FL

29 Zip 33138

Country

30 USA

3. Date Incorporated or Qualified

05/10/1996

3a. Date of Last Report

4. FEI Number

65-0678167

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

LAHMAN, MITCHELL
1000 QUAYSIDE TERRACE
TOWER SUITE 12
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME IRENE LEHMAN
STREET ADDRESS 1000 QUAYSIDE TERRACE TS 12
CITY-ST-ZIP MIAMI, FLA 33138

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TRES/MITCHELL LEHMAN ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1000 QUAYSIDE TERRACE TS 12

1.4 CITY-ST-ZIP MIAMI, FLA 33138

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: Irene Lehman

5/4/97 305 283 260

CR2E034 (9/96)