

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 PM 12: 16

DOCUMENT # P96000054833

1. Corporation Name

OPTICAL STYLE ITALY INC.

Principal Place of Business
220 71ST. ST.
213
MIAMI BEACH FL 33141
US

Mailing Address
220 71ST. ST./
213
MIAMI BEACH FL 33141
US

05-14-99 90004-005 \$1,172.50 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/27/1996
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0747081
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input 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 owes the current year
		Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CHIARATO, UGO
220 71ST. ST, STE. 213
MIAMI BEACH FL 33141

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLO, NICOLA	1.2 NAME	
STREET ADDRESS	220 71ST. ST., STE. 213	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Nov 15, 1999 (305) 868.7060 f.m

Date

Daytime Phone #

CR2E034 (5/99)

Ugo V. Chiarato

Certified Public Accountant, Florida and New York

220 71st Street Suite 213
Miami Beach, Florida 33141

305-861-8000 305-868-7060 Afternoon
Voicemail / Fax 305-868-2300
E-Mail: uvc@Worldnet.att.net

CERTIFIED LETTER

Florida Dept. of State
Division of Corporations
Reinstatement Office
P.O. Box 6327
Tallahassee, Fl. 32314

Nov. 15. 1999

To the attention of Mr. Sean Tower

- 1) Following our to-day's conversation, I enclose herewith :
 - 8 originally signed Annual Reports amended as requested
(non-profit Comites N 92000000681, Capalbo p 96000025794
Eng. & Arch. P 97000021572 Multi Cons. P 97000021569
Elenos P 94000008876 Optical St. P 96000054833
Lapidis P 96000029568
- 2) As agreed, American Market Enterprise Inc. P 97000025533 is in
good standing as shown in the attached Corp. Inquiry Public
access. Please confirm explicitly.
- 3) In lieu of Furado Inc. P 96000044256 which shall be dissolved.
please apply the available fee to Borsani Inc. P 94000071637
- 3) Please confirm that non-profit N9300003597 Miami Int'l Ch. of
Commerce is in good standing.
- 4) Last but not least, you would oblige by stating the reasons
why my client Traxis Inc. P 98000012231 F.E.I. 65-0817161 has
been penalized despite having paid the fee on time. What is the
ground of that \$ 550.- and your request for additional \$ 200.?

Let me thank you for solving the above problems, which had a
dangerous potential for my relationship with clients.
Looking forward to hearing from you, I remain,

Yours respectfully,

Ugo V. Chiarato

*Fellow University of Miami Member, American and Florida Institute of Certified Accountants
American Accounting Associations, The Institute of Internal Auditors, National Association of Accountants,
Nationale Confederatie van het Kaderpersoneel / Confédération Nationale des Cadres (Belgium)*