
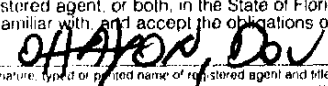



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000057031 1. Corporation Name BOTH EYES, INC.			
Principal Place of Business 19390 COLLINS AVE. #422 NORTH MIAMI BEACH, FL 33160		Mailing Address 	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 19390 COLLINS AVE.	07/08/96	
22 City & State	27 #422	4. FEI Number	Applied For
23 Zip	28 NORTH MIAMI BEACH, FL	65-0676322	Not Applicable
24 Country	29 33160	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MIGUEL-GARCIA (REMOVE) 7220-S-W-7TH-STREET MIAMI, FL-33144		DOV OHAYON 19390 COLLINS AVE. APT. #422 NORTH MIAMI BEACH FL 33160	
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		DATE	
 Signature, typed or printed name of registered agent and title, if applicable		4/28/97 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL-GARCIA (REMOVE)	1.2 NAME	
STREET ADDRESS	7220-S-W-7TH-STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL-33144	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR/PRESIDENT/SECT.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOV OHAYON	2.2 NAME	
STREET ADDRESS	19390 COLLINS AVE., #422	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.		200002190512 -05/27/97--01001--035 ***165.00 CS 5/14/97	
SIGNATURE: 		DOV OHAYON, PRESIDENT/SECT. 04/28/97 (305) 935-1559	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)