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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000003499 (5)

EXCEL EYEWEAR CORP.

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business	Place of Business Mailing Address				13111 01019 10110 1011 1591	
2 NE 40TH STREET 2 NE 40TH STREET SUITE 300 SUITE 300 MIAMI FL 33137 MIAMI FL 33137				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 01/14/1997		
2. Principal Place of Business 1 2 NE 40 M 57	2a. Mailing Address 2b. 2 NE form St			4. FEI Number 65 - 072 0978	Applied For Not Applicable	
Suite, Apt. #, etc. 2 Suite #202	Suite, Apt. #, etc. 27 Suite #202			5, Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 3 MIAMU FL	City & State 28 MIMMU FL			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25 DADE	21p Cot 33/37 30	intry D	ADO_	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes 🔲 No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
SOMMER, ROBERT		81	Name			
2 NE 40TH STREET SUITE 300		82	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33137		83				
A. D	1007 dC00 Fl : 1 00	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 priviled name of logistored agent and title if applicable (NOTE: Registored Agent signature required when reinstating) DATE										
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition	ρn					
NAME	BAUM, MICHAEL A		1.2 NAME							
STREET ADDRESS	2 NE 40TH STREET, SUITE 300		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY - ST - ZIP							
TITLE	V	DELETE	2.1 11TLE	Change Addition	an					
NAME	Sommer, Robert		2.2 NAME							
STREET ADDRESS	2 NE 40TH STREET, SUITE 300		2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33137		2. 4 CITY - ST - Z(P							
TITLE	V	DELETE	3.1 TITLE	☐ Change ☐ Addition	nc					
NAME	LEIBSON, MURRAY		3.2 NAME							
STREET ADDRESS	2 NE 40TH STREET, SUITE 300		3.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33137		3.4. CITY-ST-ZIP							
TITLE	\$D	☐ DELETE	4.1 TOLE	Change Addition	n (c					
NAME	Sommer, Leslie L		4. 2 NAME							
STREET ADDRESS	2 NE 40TH STREET, SUITE 300		4.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33137		4.4 CITY - ST - ZIP							
TRLE	TD	DELETE	51 TITLE	Change Addition	nc					
NAME	BAUM, ENID C		5.2 NAME							
STREET ADDRESS	2 NE 40TH STREET, SUITE 300		5.3 STREET ADDRESS		ļ					
CITY-ST-ZIP	MIAMI FL 33137		5.4 CITY - ST - ZIP							
TITLE		☐ DELETE	6.1 TITLE	Change Addition	'n					
NAME			6.2 NAME		- (
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY - ST - ZIP							

14. Thereby 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:

**The state of the corporation of 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: