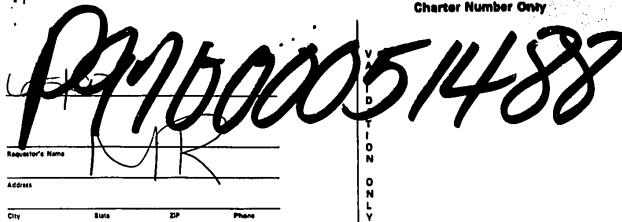
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CORPORATION(S) NAME

CR2E031 (R8-85)

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		97 JUN SECREI TALLAHI	_
		Sign I dominate	
Profit		AH IO: 44 FI.DRIDA	
) NonProfit (() Merger	_
) Limited Partnership () Reinstatement () Annual Report) Reservation	() Other () Change of Registered Agent	
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 6, 1997

EMPIRE

TALLAHASSEE, FL

SUBJECT: FABULOUS DESIGNER GLASSES INC.

Ref. Number: W97000013374

We have received your document for FABULOUS DESIGNER GLASSES INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 297A00030786

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32844 5

ARTICLES OF INCORPORATION

FABULOUS	DESIGNER	GLASSES I	NC.
	(name of corpor		97 JI
The undersigned subscriber(s) to these corporation under the laws of the State		natural person(s) compete	ent to contract, hereby form a
The name of the corporation is:	ARTICLE I - CORPO		FORDE 10: 44
- FABULOUS	DES16NER	GLASSES ;	INC
	ARTICLE II - DU	/RATION	
This corporation shall exist perpetual	y unless dissolved accordin	g to Florida law.	
	ARTICLE III - P	URPOSE	
The corporation is organized for the p United States and the State of Florida		activities or business pern	nitted under the laws of the
The corporation is authorized to issue Dollar(s) (\$) par v	ARTICLE IV- CAPI	٠٠١) ١٨	nmon Shares".
ARTIC	CLE V - INITIAL REGISTEI	RED OFFICE AND AGE	NT
The street address of the Initial Regis	stered Agent office and the	name of the Initial Regist	ered Agent at that office is:
NAME CONNIE WA	· · · · · · · · · · · · · · · · · · ·		
ADDRESS 3288 EVE	WING STAR W	<u> </u>	
CITY LAKE WORTH		FLORIDA	ZIP 33 467
The principal office, if known, or the	e mailing address of the cor	poration is:	
NAME (5)	100 == -		
1 512 2 22		Star was	ZIP 33467
CITY COULE WOR		FLORIDA	ZIF JUHO

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have (Laws, but shall never be less than one	per of directors may be either (1). The names and addresses
NAME CONNIE WAGNER		
NAME CONNIE WAGNER ADDRESS SA8 & EVENING ST	AR WAY	
CITY LAKE WORTH		2 ZIP 33467
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME CUNNIE WAGNER ADDRESS 5288 EVENING STAR CITY LAKE WURTH	2 WAY	ZIP 33467
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriday of, 19_97_,	ber(s) have executed these Articles of	Incorporation this
		(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

FABULOUS DESIGNER GLASSES, INC.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 5288 EVENING STAR WAY
LAKE WORTH FLORIDA 33467
has named CONNIE WAGNER
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.
ACKNOWLEDGEMENT
Having been named as Registered Agent to accept service of process for the above stated.
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.