

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

PROFIT CORPORATION ANNUAL REPORT



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

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90095 048 ***150.00

2000

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DOCUMENT # P97000100889

1. Corporation Name
EPISODE EYEWEAR, INC. ✓

Principal Place of Business Mailing Address
1677 BRICKELL AVE 40 CRAIG R. DEARR, PA
1403 6950 NORTH KENDALL DRIVE
MIAMI, FL 33129 MIAMI, FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/26/1997

| | | | |
|---|---|---|--------------------------------|
| 2. Principal Place of Business 21 239 NE 26 TH TERRACE Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 | 4. FEI Number 65-0797831 | Applied For Not Applicable |
| 23 City & State MIAMI FL 33137 | 28 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 Zip Country 25 | 29 Zip Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent DEARR, CRAIG R. TWO DATRAN CENTER - SUITE 1609 9130 S. DADELAND BLVD. MIAMI, FL 33156 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------|-----------------------------------|---|--|
| TITLE <input type="checkbox"/> DELETE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D / PRES / SECY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IPPOLITI, RENE | 1.2 NAME | |
| STREET ADDRESS | 1677 BRICKELL AVE, #1403 | 1.3 STREET ADDRESS | 239 NE 26 TH TERRACE |
| CITY-ST-ZIP | MIAMI, FL 33129 | 1.4 CITY-ST-ZIP | MIAMI, FL 33137 |
| 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-ST-ZIP | | 2.4 CITY-ST-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-ST-ZIP | | 3.4 CITY-ST-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-ST-ZIP | | 4.4 CITY-ST-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-ST-ZIP | | 5.4 CITY-ST-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-ST-ZIP | | 6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: _____ PRES, 3/23/00 (954) 709-1000