FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthal ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S50636 1. Corporation Name J.B. EYEWEAR INC. Principal Place of Business Mailing Address 8000 N.W. 31ST ST. 8000 N.W. 31ST ST. **SUITE #19** SUITE #19 **MIAMI FL 33122** MIAMI FL 33122 3. Date Incorporated or Qualified 3a. Date of Last Report 05/07/1991 01/18/1995 2. Principal Place of Business 4. FEI Number 2a. Mailino Address Applied For 65-0267118 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes Yo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIM, JAE B. Street Address (P.O. Box Number is Not Acceptable) 82 8000 N.W. 31 STREET SUITE #19 ВЗ **MIAMI FL 33122** City 84 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, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am lamiliar with, and disopt the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) ம்விர்ளால் of registered agent and the it approable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 TITLE ☐ Change Addition KIM, JAE B 1.2 NAME CR2E034 16840 NW 80TH COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY ST ZIE 1.4 CITY-ST-ZIP DELETE Addition 2 1 TITLE Change KIM, MIA L 2.2 NAME 16840 NW 80TH COURT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY ST-ZIP 24 CHTY - ST-ZIP DELETE 3 1 11TLE Addition Change 3.2 NAME STREET AUDRESS 3.3. STREFT ADDRESS 0/17 - \$1 - 7/2 34 CITY - ST - ZIP DELETE 4 1 TITLE Change ■ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS Oil v - \$1 - 7/P 4.4 CITY - S1 - ZIP DELETE 5 1 TITLE ☐ Change Addition 5.2 NAME SUBTEFAIR DOMESS 5 3 STREET ADDRESS CHTY ST-ZIE 5.4 CITY-ST-ZIP DELETE 6 1 TITLE Change Addition 6.2 NAME STREE: ADDRESS **6.3 STREET ADDRESS** DITY STUDIE 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k). Florida Statutes, I further receitly that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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:

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12.

NAM

10.6

Title

NAM-

TOTAL

5,580

TILLE

NAME

THE

NAME

OFFICER OR DIRECTOR