

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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$54983

(9)

ALL ABOUT EYES TOO, INC.

Principal Place of Business

Mailing Address

11484 6W QUAIL ROOST DR MIAMI FL 83157 11484 SW QUAIL ROOST DR

FILED May 06 1997 8:00am Secretary of State



MIAMI PL 0010	· ·	MIRMI FE SSISTOSIS							
					3. Date Incorporated or Qualified 05/24/1991		te of La 19/199	st Report	
	lace of Business	2a. Mailing Address			4. FEI Number			Applied Fo	
21		26			65-0261064 Not App			3	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	X		75 Additions a Required	al .
City & State	9	City & State		·	6. Election Campaign Financing		\$5.	00 May Be	
23		28			Trust Fund Contribution			led to Fees	
Zip	Country	Zip	Count	гу	8. This corporation has liability for			er s. 199.03	2,
24	25	29	30	··· v		T.	√ No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered A	Agent		
	INSON, STANLEY		8	1 Name	NIA				- 1
	BISCAYNE BLVD. SUITE #221		8:	2 Street Add	dress (P.O. Box Number is Not Acceptat	ole)			
MIA	MI FL 33157		ē:	3	7				
ı			8		- TA 6		loe l	Zip Code	
1						FL	1	•	
11. Pursuant office or re agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abo authorized t lorida Statuti	ve-named co by the corporates.	rporation submits this statement for the patients board of directors. Thereby accept	ourpose of of the appo	changii ointmen	ng its registe t as register	ed ed
SIGNATURE	Signature, typed or printed name of registered age	od ano tric if applicable (NO	IE: Registered A	gent signature req	uired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TORS IN 12	
TITLE	P	DELETE	1.1 JULE				Char	nge 🔲 Add	dition
NAME	VEERASAWMY, RHONDA		1.2 NAM						
STREET ADDRESS	11484 QUAIL ROOST DR.		1.3 STRE	ET ADDRESS	·				
CITY-ST-ZIP	MIAMI FL 33157		1.4 Cily	S1 - ZIP					
TITLE	CEO	☐ DELE1E	2.1 1111.0	ļ			☐ Char	nge 🔲 Add	roilit
NAME	VEERASAWMY, RHONDA		2.2 NAMI	[
STREET ADDRESS	11484 QUAIL ROOST DRIVE		2.3 STRE	ET ADDRESS					ł
CITY-ST-ZIP	MIAMI FL 33157	Theres	2 4 Cm Y						· · · · · · · · · · · · · · · · · · ·
TITLE	DM DHONDA	DELETE	3171111	1			Char	nge [_] Add	Dition
NAME	VEERASAWMY, RHONDA 11484 QUAIL ROOST DRIVE		3.2 NAMI						
STREET ADDRESS	MIAMI FL 33157			ET ADDRESS					
CITY-ST-ZIP TITLE	MINNI FL 00101	DELETE	3.4. C(1)/ 4.1 TITLE				Char	nge [] Add	dilion
NAME		<u></u>	4. 2 NAM		•		نقاب رے	.g∪ [_] /(U(111011
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	II		4.4 DITY						
TITLE		DELETE	5.1 ITLE				Char	ngo [] Add	dition
NAME			5.2 NAMI	1					
STREET ADDRESS				ET ADDRESS	•				
CITY-ST-ZIP			5 4 DHY						
TITLE		DELFTE	6111116		-		Char	nge [] Add	dition
NAME			6.2 NAMI	:)
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			6.4 ÇITY	- 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 ceroporation 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 to changed, or on an attachment with an address.

CIONATURE.

Houde & Vanamuna

APOU 28 1997 255-850