

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:55

DOCUMENT # **S95819** (6)

1. Corporation Name
PROFESSIONAL EYEWEAR ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1581 BRICKELL AVENUE SUITE 2105 MIAMI FL 33129		1581 BRICKELL AVENUE SUITE 2105 MIAMI FL 33129		11/21/1991	02/22/1994
2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For		
21	26	65-0363076	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input checked="" type="checkbox"/>	
City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>	
Zip	County	Zip	8. This corporation has liability for intangible tax under S 190.032, Florida Statutes		
24	25	29	30		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 of Registered Agent or the Registered Agent's Representative) _____ (Signature of Registered Agent or the Registered Agent's Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	WOLMAN, PHILIP	2. NAME	
3. STREET ADDRESS	1581 BRICKELL AVE	3. STREET ADDRESS	
4. CITY, ST. ZIP	MIAMI FL	4. CITY, ST. ZIP	
5. TITLE	VP	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	TRATTLER, HENRY	6. NAME	
7. STREET ADDRESS	1581 BRICKELL AVE	7. STREET ADDRESS	
8. CITY, ST. ZIP	MIAMI FL	8. CITY, ST. ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST. ZIP		16. CITY, ST. ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST. ZIP		20. 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 110.07(2)(b), Florida Statutes. I further certify that the information reported in 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 registered agent or broker 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 in an attachment with an address.

SIGNATURE: 4-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR