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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 14 AM 8:32

DOCUMENT # V07101 (1)

1. Corporation Name
SOLA INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3250 N.W. 77TH CT.<br>SUITE 207 & 209<br>MIAMI FL 33122<br>US | 3250 N.W. 77TH CT.<br>SUITE 207 &209<br>MIAMI FL 33122<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1992
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21: 8400 N.W. 53rd STREET
22 Suite, Apt. #, etc.: #229
23 City & State: MIAMI, FL
24 Zip: 33166
25 Country: U.S.A.

2a. Mailing Address
26: 8400 N.W. 53RD STREET
27 Suite, Apt. #, etc.: #229
28 City & State: MIAMI, FL
29 Zip: 33166
30 Country: USA.

4. FEI Number: 65-0306715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAMEZ, CESAR A.
11905 S.W. 12TH ST.
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: GAMEZ, CESAR A.
82 Street Address (P.O. Box Number is Not Acceptable): 6923 BROOKLINE DRIVE
83
84 City: MIAMI FL 85 Zip Code: 33015

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: (Typed or printed name of registered agent and title if applicable) (New Registered Agent's signature required when applicable) DATE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| P<br>GAMEZ, CESAR A.<br>11905 S.W. 12TH ST.<br>PEMBROKE PINES FL | 11 TITLE: PRESIDENT ☒ Change ☐ Addition<br>12 NAME: JUAN A. ABERLE<br>13 STREET ADDRESS: 8251 S.W. 86th STREET<br>14 CITY-ST-ZIP: MIAMI, FL 33143 |
| VP<br>GAMEZ, CESAR,<br>11905 S.W. 12 ST.<br>PEMBROKE PINES FL 33025 | 21 TITLE: VP / GENERAL MANAGER ☒ Change ☐ Addition<br>22 NAME: CESAR A. GAMEZ<br>23 STREET ADDRESS: 6923 BROOKLINE DRIVE<br>24 CITY-ST-ZIP: MIAMI, FL 33015 |
| | 31 TITLE ☐ Change ☐ Addition<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP |
| | 41 TITLE ☐ Change ☐ Addition<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP |
| | 51 TITLE ☐ Change ☐ Addition<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP |
| | 61 TITLE ☐ Change ☐ Addition<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP |

14. I 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)(i), Florida Statutes. I further certify that the 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 above, or on an attachment with an address.

SIGNATURE: 2/23/95 305-470-0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0110000 CP