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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1228 31ST ST. N.W.

SUITE 2 %INTEX



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V10944

(9)

EUROLENS U.S.A. INCORPORATED

Mailing Address

1228 31ST ST. N.W.
SUITE 2 %INTEX

FILED

Feb 24 1997 8:00am

Secretary of State

2 Review Oliver and Discovery		WASHINGTON DC 2007-9414			3. Date Incorporated or Qualified 02/03/1992	2/03/1992 03/22/1996			
2.50 MS 7	acom Business	2a. Mailing Address				4. FEI Number			Applied For
Santa Aar	2//// ////26/2	Suite, Apt. #_etg.	+			59-3104393			Not Applicable
2 9000	ADVANTACE COU	1727 34	45			5. Certificate of Status Desired			5 Additional Required
3 BUR	HOVANTACE COUNTY COUNTY BUSINESS BUSINESS COUNTY COUNTY S BUSINESS COUNTY S BUSINESS COUNTY S COUNTY S COUNTY S COUNTY COUNT	City & State 28			- 11.0 177 1	Election Campaign Financing Trust Fund Contribution		•	00 May Be ed to Fees
42701	Country 25	Ζφ 29	30 Cot	untry		8. This corporation has liability for in Florida Statutes	Yes 🔏	No	r s. 199.032,
	9. Name and Address of Currer	it Registered Agent		ļ.,	<u></u>	10. Name and Address of New Re	gistered A	gent	
	IAN, ARNOLD J.			81	Name				
800 SECOND AVENUE SOUTH SUITE 340				62	Street Address (P.O. Box Number is Not Acceptable)				
	PETERSBURG FL 33701			83		······································			**************************************
• •				84	City		FL	85 Z	ip Code
office or n	agistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was attions of, Section 607.0505, F	authorize Iorida Sta	id by itutes	/ the corporations.	oration submits this statement for the p on's board of directors. I hereby accep	ot the appo	changini Inemtnik	g its registered as registered
	Signatur, typed or providence of registered agreement and according to the control of the contro	ent and title in applicable (NO ID DIRECTORS	OTL: Registere	d Age	nt signature require	od when reinstaling)	DATE	DIDECT	ODO 0140
12.	OF ICERS AN	DELETE	111	171 f		ADDITIONS/CHANGES TO OFFIC	ERS AND	Chang	
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I do hereby certify that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report of supplemental annual report by true and accurate and that my signature shall have the same legal effect as if made under oath; that fam an officer or director of this comorphism or the receiver or trustee embowered 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 apact tient with an address.

SIGNATURE:

IGNATURE AND TYPEU OR PRUTEO NAME OF SIGNING OFFICER OR DIRECTOR

87eb. 1997 (703) 978-1075