

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V36940 (7)
1. Corporation Name
JAMES EYEWEAR CORPORATION

Principal Place of Business
4805 NW 79 AVENUE
SUITE 2
MIAMI FL 33168
US

Mailing Address
P. O. BOX 162021
MIAMI FL 33116-2021
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8000 NW 31 Street	26 8000 NW 31 Street
22 Bay # 11	27 Bay # 11
23 MIAMI FL	28 MIAMI FL
24 33122	29 33122
25 DADZ	30 DADZ

3. Date Incorporated or Qualified	Applied For
05/18/1992	Not Applicable
4. FEI Number	Applied For
65-0375576	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent
KIM, SUK M
11814 SW 100 TERRACE
MIAMI FL 33188

10. Name and Address of New Registered Agent
81 Name KIM, SUK M.
82 Street Address (P.O. Box Number is Not Acceptable) 10845 SW 62 AVE
83
84 City MIAMI FL 85 Zip Code 33156

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	KIM, SUK
NAME	KIM, SUK	1.2 NAME	8000 N.W. 31ST BAY #11
STREET ADDRESS	4805 NW 79TH AVE #2	1.3 STREET ADDRESS	MIAMI FL 33122
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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: *Suk Kim, President* 1/3/98 (305) 477-6336

CR2E034 (10/97)