

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V39531

(1)

1. Corporation Name

EYEGLOSS CORNER, INC.



Principal Place of Business

Mailing Address

1602 ALTON ROAD
SUITE 601
MIAMI BEACH FL 33139

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SUITE 601
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
05/28/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt #, etc

26. Suite, Apt #, etc

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

4. FEI Number
65-0336297

Applied for
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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSSFELD, SERIL L
408 S ANDREWS AVE
SUITE 101
FT LAUDERDALE FL 33301

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

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 (if not the registered agent, then the applicable

(If the registered agent's signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BELVEDER, HAYDEE
STREET ADDRESS 1602 ALTON ROAD #601
CITY-ST-ZIP MIAMI BEACH FL

DELETE

TITLE D
NAME BAEZ, ALBERTO J
STREET ADDRESS 1602 ALTON ROAD #601
CITY-ST-ZIP MIAMI BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALBERTO J. BAEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-22-96

Day

Month Year

CR2E034 (3/96)