FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V59577** **(9)**

1. Corporation Name

VORTEX EYEWORKS, CORP.

Principal Place of Business	Mailing Address
55 NE 1ST ST SUITE 48 MIAMI FL 33132 US	55 NE 1ST ST SUITE 48 MIAMI FL 33132 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1992
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business	2a. Mailing Address
21 6891 NE 3rd AVE	26 6891 NE 3rd Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: MIAMI FL	28 City & State: MIAMI FL
24 Zip: 33138 25 Country: USA	29 Zip: 33138 30 Country: USA

4. FEI Number: 65-0425812 ☐ 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

GORADESKY, HAROLD
20850 SAN SIMEON WAY
UNIT 205
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

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] Date: 4/23/95

Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	GORADESKY, HAROLD	12 NAME		
STREET ADDRESS	20850 SAN SIMEON WAY	13 STREET ADDRESS		
CITY ST ZIP	N. MIAMI BEACH FL	14 CITY ST ZIP		
TITLE	DVT	21 TITLE		☐ Change ☐ Addition
NAME	TEJERA, RODOLFO	22 NAME		
STREET ADDRESS	1313 N.E. 125TH ST.	23 STREET ADDRESS		
CITY ST ZIP	N. MIAMI FL	24 CITY ST ZIP		
TITLE	DVS	31 TITLE		☒ Change ☐ Addition
NAME	LLEINMAN, ALAN	32 NAME	KLEIUMAN, ALAN	
STREET ADDRESS	3443 MADRID AVE	33 STREET ADDRESS		
CITY ST ZIP	COOPER CITY FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: [signature] VP 4/23/95 305-757-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133205 CP