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

14. Thereby certify that the information indicated on this annual report or fundicated on this annual report or fundicated or director of the corporation Block 12 or Block 13 if changed, er

SIGNATURE:

Feb 18 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J73499 PRETTY PEOPLE, INC. Principal Place of Business Mailing Address 3160 INVERNESS 10491 N. KENDALL DR. MIAMI FL 33176 FT LAUDERDALE FL 33332 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/19/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2812073 Not Applicable 21 Suite Ant # etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No 24 30 25 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name KERN, JEFFREY A. ES 11900 BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **STE 264** 83 **MIAMI FL 33181** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Styriature, typed is printed more of the potons targed band too at applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition 1.1 TITLE TITLE **BENTLEY. HARRISON** 1.2 NAME NAME 10491 N. KENDALL DR. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE BENTLEY, LAURA 22 NAME 10491 N. KENDALL DR. 2 3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CITY-\$1-2IP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 THILE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 6.1 7ITLE TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information obliminated 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 at the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver of the receiver of the receiver of trustice empowered to execute this report as required by Chapter 607, Florida Statutes.

ARRISON Bently

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