

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90067 007 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000065539**

1. Corporation Name  
**WHO'S LOOKIN'?, INC.**



Principal Place of Business 2775 W 62 PL STE 205 HIALEAH FL 33016 US	Mailing Address 2775 W 62 PL STE 205 HIALEAH FL 33016 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Data Incorporated or Qualified 09/01/1994	
21 <b>601 NW 7TH A STREET</b>	26	27	28	4. FEI Number 65-0515730	Applied For Not Applicable
22 Suite, Apt. #, etc.	29	30	31	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 <b>MIAMI, FL</b>	32	33	34	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 <b>33136</b>	25 <b>USA</b>	29	30	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PICO, JESUS M</b> <b>2775 W 62 PL</b> <b>STE 205</b> <b>HIALEAH FL 33016</b>				81 Name	<b>JAY F. PICO</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>2775 W. 62ND PL #205</b>		
				83			
				84 City	<b>FL</b>	85 Zip Code	<b>33016</b>

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: **5-3-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICO, JAY</b>	1.2 NAME	
STREET ADDRESS	<b>2775 W 62 PL, STE 205</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICO, JAY F.</b>	2.2 NAME	<b>JAY F. PICO</b>
STREET ADDRESS	<b>2495 W 80TH ST #6</b>	2.3 STREET ADDRESS	<b>2775 W. 62 PL #205</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	2.4 CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICO, CLAUDIA A</b>	3.2 NAME	<b>CLAUDIA A. PICO</b>
STREET ADDRESS	<b>2495 W. 80TH ST #6</b>	3.3 STREET ADDRESS	<b>2775 W. 62 PL #205</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	3.4 CITY-ST-ZIP	<b>HIALEAH, FL 33016</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-20-99** DAYTIME PHONE #: **305-903-6634**

CR2E034 (11/98)