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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022038 (9)

STYLE PENSIONS, INC.

SIGNATURE:

Principal Place of Business 800 N.E. 36TH STREET PENTHOUSE 1 MIAMI FL 33137		Mailing Address 600 N.E. 36TH 8TREET PENTHOUSE 1 MIAMI FL 33137-3945	600 N.E. 36TH STREET PENTHOUSE 1		3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of B.	usiness	2a, Mailing Address			03/11/1996 4. FEI Number (C. 2. C. 2. Applied F.	
21		26			65-0648380 Applied F	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Ζιp	Country	Zip	Country	у	8. This corporation has liability for intangible tax under s. 199.03	
24 a Na	25 me and Address of Cui	29 Irrent Registered Agent	30		Florida Statutes Yes X No 10, Name and Address of New Registered Agent	
GREENBAUI		HART HARIOTALA CARAIT	81	Name	In the state of th	
600 N.E. 36			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
PENTHOUSE	E 1				Addition of the Additional of	
MIAMI FL 33	137		83			
			B4	City	FL 85 Zip Code	
44 Pursuant to the pro	wisions of Sections 607	0502 and 607 1508. Florida State	ites the abov	e-named corr		
SIGNATURE	with, and accept the of			7177111	coration submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as registe the when reinstating) DATE	
SIGNATURE Segrector to 12. THE PO GREET NAME STREET ADDRESS 600 N	iped or printed name of registers		13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY- 21 TITLE 22 NAME	T ADDRESS ST-ZIP		
SIGNATURE Separative to 12. THE PD NAME GREEI STREET ADDRESS CITY-ST-ZIP MIAMI STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	ped of prived hame of registere OFFICERS MBAUM, MARK I .E. 36TH ST. PH-1	ed agent and title if applicable (NO AND DIRECTORS DELETE	13. 1.3 TITLE 12 NAME 1.3 STREE 1.4 CITY- 21 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Ac	
SIGNATURE 12. TITLE PO GREET STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ped of prived hame of registere OFFICERS MBAUM, MARK I .E. 36TH ST. PH-1	ed agent and title if applicable (NO AND DIRECTORS DELETE	18. 1.1 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2.4 CITY- 3.1 TITLE 32 NAME 33 STREE 34. CITY- 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Ac	
SIGNATURE 12. TITLE PD NAME GREET SIREET ADDRESS CHY-ST-ZIP MIAMI TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	ped of prived hame of registere OFFICERS MBAUM, MARK I .E. 36TH ST. PH-1	ed agent and title if applicable (NO B AND DIRECTORS DELETE DELETE DELETE	113. 1.3 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2.4 CITY- 3.1 TITLE 32 NAME 33 STREE 34. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP	Ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Acc	

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR