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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000052811 (1)

MY PRINCESS CORPORATION

FILED Feb 25 1998 8:00am Secretary of State

| a | | A4 (0) A 1 1 | | | | | |
|--|--|--------------------------------|--|---------|----------------------|---|------------|
| Principal Plac | | Mailing Address | ı | | | | |
| 821 SW 64TH PKWY. PEMBROKE PINES FL 33023 | | | 821 SW 64TH PKWY. PEMBROKE PINES FL 33023 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualified 06/13/1997 | |
| 2. Principal P | lace of Business | 2a. Mailing Addres | 2a. Mailing Address | | | 4. FEI Number App | lied For |
| 21 | | [26] | 26 | | | | Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #, el | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired See Required Fee Required | |
| City & State | | City & State | r | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| Ζιρ | Country Zip C | | Cou | Country | | 8. This corporation owes or has paid the current year Inta | |
| 24 | 25 | 29 | 30 | | | | No |
| | 9. Name and Address of Cu | rrent Registered Agent | | | · - · | 10. Name and Address of New Registered Agent | |
| | OVAR, CARLOS | | | 81 | Name | | |
| 821 SW 64TH PKWY. PEMBROKE PINES FL 33023 | | | | | Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | | | |
| | | | | 84 | City | 85 Zip C | ode |
| | | | | | | poration submits this statement for the purpose of changing its | |
| office or r agent. I a SIGNATURE | im familiar with, and accept the ol | bligations of, Section 607.05 | 05, Florida Stat | tutes | S. | ion's board of directors. I hereby accept the appointment as n | egistered |
| | Signature: typed or printed name of registerer | | | d Age | ent signature requir | ed when reinstating) DATE | 161.40 |
| 12. | OFFICERS | AND DIRECTORS | 13. | TI F | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change | Addition |
| TITLE | TOWN CAPICO | | | | | Unange | Addition |
| NAME | 821 SW 64TH PKWY. | | 1.2 NA | | ADDOCCO | | |
| STREET ADDRESS | PEMBROKE PINES FL 330 | n92 | | | ADDRESS | | |
| CITY-ST-ZIP | PEMBRONE FINES IE SO | DELE | | | ST - ZIP | Change | Addition |
| NAME | | <i>b</i> | 2.2 NAME | | | onargo | |
| STREET ADDRESS | | | | | AODRESS | | |
| | | | | | 1 | | |
| CITY-ST-ZIP TITLE | | DELE | 2. 4 CHY-ST-Z DELETE 3.1 TITLE | | O1 - TH | Change | Addition |
| NAME | | | 3,2 N/ | | | | _ ` |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | | | | | ST - ZIP | | |
| TITLE | ···································· | DELE | | | | Change | Addition |
| NAME | | | 4. 2 N | IAME | | | |
| STREET ADDRESS | | | 4.3 S1 | TREET | ADDRESS | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | |
| TITLE | | ☐ DELE | | | | ☐ Change | Addition |
| NAME | | | 5.2 N/ | AME | | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | | | 5 4 CI | | | | |
| TITLE | | DELE | | | | Change | Addition |
| NAME | | | 62 N/ | | | | |
| STREET ADDRESS | | | | | ADORESS | | |
| CITY-ST-ZIP | | | • | | ST-ZIP | | |
| | certify that the information supplie | nd with this filing does not a | | | | Section 119.07(3)(i), Florida Statutes. I further certify that the i | nformation |

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 of 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:

2/17/98 (954) 894-8312