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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045624

MODERN LOOK INDUSTRIES CORPORATION

Principal Place of Business						
1390	BRICKELL	AVE.	STE	200		

Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90034 012 ***150.00



390 BRICKELL AVE. STE 200 MAMM FL 33131	1390 BRICKELL AVE. STE 200 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE		
			3. Date incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1	26		65-0847081	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		(F Contiforto of Status Desired)		
City & State	City & State			,	
Zip Country		untry	8. This corporation owes the current year Intangible Personal Property Tax.	□ ∕ N₀	
9. Name and Address of Curren	<u>, , , , , , , , , , , , , , , , , , , </u>	5. Certificate of Status Desired Status Period For Status Period Period Status Period			
ALVARO CASTILLO B., P.A.		81 Name			
1390 BRICKELL AVE, STE 200		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131		83			
		84 City	FL . 85 Z	Zip Code	
44 D44 W	2 and 607 1509 Florida Statutes the s	shove-named cor	poration submits this statement for the purpose of changing	its registered	

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, typed or printed name of registered agent and title if applicable	(NOTE, Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	DIRECTOR PRESIDENT / TRE	ASV REA Change	Addition
NAME	BONOMI, FEDERICO A		1.2 NAME	GUSTAVO MANUEL FER	VANDEZ	
STREET ADDRESS	1390 BRICKELL AVE, STE 200		1.3 STREET ADDRESS	815 WASHINGTON AUE	NUE	
CITY-ST-ZIP	MIAMI FL 33131		1,4 CITY-ST-ZIP	SOUTH BEACH, PLONIO.	4 33/39	
TITLE		DELETE	2.1 TITLE	SOUTH BEACH, PLONIO DIRECTOR/V. PRESIDENT! MARIA ELISA MEDRI BIS WASHINGTON AVER	Change Change	Addition
NAME			2.2 NAME	MARIA ELISA MEDO	and	
STREET ADDRESS			2.3 STREET ADDRESS	BIS WASHINGTON AVEN	UUE .	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	SOUTH BEACH, FLORIDA	33/39	
TITLE		DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition }
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition \
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADORESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		□ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY- ST-ZIP			
14 hereby	certify that the information supplied with this filing does	not qualify for th	e exemption stated	d in Section 119.07(3)(i), Florida Statutes. I fu	orther certify that the in	formation

indicated on this annual report or supplied migratis initing does not quality in the exemption stated in Section 119.07(3)(i), Fiorida Statutes, I indice certify that I are an officer or director of the corporation or the positive 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 the positive with an address, with all other like empowered.

NG OFFICER OR DIRECTOR

Daytime Phone #