COF	E NOW: FILING FE PROFIT PORATION JAL REPORT	Sandra E	RIMENT OF STATE B. Mortham		
1996		A second s	ry of State CORPORATIONS		
DOCUMENT # 442307 (5)					
1. Corporation	n Name A WIG IMPORT & BEAUT				
~~~					
Principal Place of Business Mailing Address					
3013 N.W. SEVEN STREET MIAMI FL 33125		3013 N.W. SEVEN ST MIAMI FL 33125	REET		
				3. Date Incorporated or Qualified	3a. Date of Last Report
· ·	ace of Business	2a. Mailung Address		01/04/1974 4. FEI Number	02/03/1995 Applied For
21 Suite, Apt.	#, etc	26 Suite, Apt. #, etc.		59-1507397	Not Applicable
22 City & State	~	27		5. Certificate of Status Desired	LJ Fee Required
23		City & State	······································	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New R	
LOPEZ, PETER M. ESQ.				Address (P.O. Box Number is Not Acceptabl	e)
	: 202, ROBERTS BLDG, FL 33130		83		
			84 City		<b>—</b> 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607,1508, Florida Statutes	the above paged ex	poration submits this statement for the pur	
or register	ed agent, or both, in the State of F th, and accept the obligations of, S	Horida. Such change was authorized	d by the corporation's i	poration submits this statement of the purpoard of directors. I hereby accept the appo	intment as registered agent. I am
	September, bywel or paniele name of registered a		- Regerered Agend signature re	orred when constating.	DATE
12. TIFLE	OFFICERS PD		13. 1. 1 THELE	ADDITIONS/CHANGES TO OFFI	CLERS AND DIRECTORS IN 12 [G6 CLERS AND DIRECTORS IN 12 [G7 CLERS AND DIRECTORS IN 12 [G7
NAME	MATA, FRANCISCO		1.2 NAME		
STREET ADORESS CITY - ST - ZIP	8320 NW 7 STREET		1 3 STREET ADDRESS 1 4 OFTY - ST - ZIP	817 N. W. 13507 MIANI, FL. 331	ν _Σ
TITLE		DELETE	2 1 111LE	1011-111, 501 301	Change Addition
NAME			2 2 NAME		
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change 🔲 Addition
NAME STREET ADORESS			3.2 NAME 3.3 STREET ADDRESS		
City-St-Zip		· · · · · · · · · · · · · · · · · · ·	34 CITY - ST-ZIP		
TITLE NAME		DELETE	4 1 T'TLE		Change 🚺 Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 City ST-ZIF		
TITLE		DELETE	5 I TITL <del>E</del>		🗌 Change 🔲 Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST-ZIP		
THTLE		DELETE	6 1 TILLE		Charige Addition
NAME STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		
centry that	. De information indicated on this a	Minual report of supplemental annua	hed and does not qual at report is true and acc	fy for the exemption stated in Section 119.0 urate and that my signature shall have the s	ane least effect as if made under
oatri, inat i	i am an oncer or precipy or the co	propration or the receiver or trustee or on an attachment with an address	empowered to execute	this report as required by Chapter 607, Flo	rida Statutes, and that my name
SIGNATURE: Transies Wate FRANCISCO MATTA 4/15/96 305) GY95345					
	SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	The the	Daytime Prince