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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE: _

F95000006217 (2)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| PRETTY TALK, INC. | | | | | | | |
|--|---|--|---|---------------|---|---------------------------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | I HORANGO INIO NAION ORAN ORAN ORAN I | iakit ankii dalia £ilia il££‡ | HALE CORF CORF |
| 3520 N.W. 72ND AVENUE Miami Fl 33122 | | 3520 N.W. 72ND AVENUE MIAMI FL 33122 | | | | | |
| | | | | | Date Incorporated or Qualified 12/21/1995 | 3a. Date of Last Re | eport |
| 2. Principa | al Place of Business | 2a. Mailing Address | | | 4. FEI Number | · · · · · · · · · · · · · · · · · · · | Applied For |
| the state of the control of the cont | | 26 | T. T. | | 65-0147771 | 65-0147771 Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 27 | | 5. Certificate of Status Desired | 7 | Additional Required |
| City 8 State | | City & State | — | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees | |
| Ζφ 24 | Country Zip C 25 29 30 | | Countr 30 | 4 | 8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes No | | |
| | 9. Name and Address of Curre | | 1 | | 10. Name and Address of New R | egistered Agent | |
| | | | B1 | Name | | | |
| | ng, Jo-ann N.W. 72nd ave. | | 82 | Street Add | ss (P.O. Box Number is Not Acceptable) | | |
| | FL 33122 | | 83 | 1 | | | |
| | | | 84 | City | | FL 85 Zip | Code |
| famica SIGNATUE | Signature, typind or printed manic of registered agon | tion 607.0505, Florida Statuti | utes, the above ized by the corres. NOTE Registered Age. | | | DATE | |
| 12. Tille | OFFICERS AN | OFFICERS AND DIRECTORS DELETE | | | ADDITIONS/CHANGES TO OFF | Change | Addition |
| NAME | KITMAN, STANLEY | 1 1 . — | | | | [_] Grange | L.J Addition |
| STREET ADOR | ss 111 CHABANEL W. #301 | 111 CHABANEL W. #301 | | T ADDRESS | | | |
| CHTY-ST-ZIP TITLE | CANADA | | | ST-ZIP | | Change | ☐ Addition |
| NAME | MARGLES, DEBBIE | | 2 1 TITLE 2 2 NAME | | | [_] onunge | ☐ Notition |
| STREET ADDRI | AAA OLIADANEL IV. KOOA | | | T ADDRESS | | | |
| CITY-ST-ZIP | CANADA | CANADA | | S1 - ZIP | | | |
| THE | ST | | | | ☐ Change ☐ Addition | | |
| NAME | KITMAN, KERMIT | | 3 2 NAME | | | | |
| STEEL LADORI | | | 33 STRE | ET ADORESS | | | |
| CHY ST-ZIP | CANADA | — — — — — — — — — — — — — — — — — — — | 3 4 CITY - | | | [1] Change | T Addition |
| TIFLE | VOLUMO 10 AAM | | 4. 1 TITLE | | | L_1 cliange | Addition |
| NAME STREET ADOR | ALL ALLEMANIES 142 CAAC | | 4.2 NAME | T ADDRESS | | | |
| CHY-SI ZIF | CANADA | | 4.4 CITY - | | | | |
| Tille | | DELETE | 5 1 TITLE | | | Change | Addition |
| NAME | | _ | 5.2 NAME | | | _ | |
| STREET ADOR | :8\$ | | 53STREE | 1 ADDRESS | | | |
| CITY - \$1 - ZIP | | | 5.4 CITY - | ST-ZIP | | | |
| TILLE | | | 6. 1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | 62 NAME | | | | |
| STREET ADDRE | :SS | | 6 3 STREE | 1 ADDRESS | | | |
| CITY - ST - ZIP | | Contract to the Contract of th | 6 4 CITY- | | | OTIONS FIGURE OF T | an I finet |
| certify oath; | ereby certify that the information supplied that the information indicated on this ann that I ani an officer or director of the corpi irs in Block 12 or Block 13 if changed, p.c. | ual report or supplemental ar oration or the receiver or trus | nnual report is tr teo empowered | ue and accura | ate and that my signature shall have the | same legal effect as if | made under |

JOAND YOUNG 2/20/96 (305) 17-3180