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95 MAY -1 AM 9:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # H86477 (7)

1. Corporation Name
SPECIAL LOOKS, INC.

600001476836
-05/05/95--01020--001
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O LEWIS G. GORDON, ESQ. 1320 S. DIXIE HIGHWAY STE. 700 MIAMI, FLORIDA 33146	C/O LEWIS G. GORDON, ESQ. 1320 S. DIXIE HIGHWAY STE. 700 MIAMI, FLORIDA 33146

3. Date Incorporated or Qualified: 11/15/1985
3a. Date of Last Report: 4/21/94

2. Principal Place of Business (21) / Suite, Apt #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-2605 109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GORDON, LEWIS, G.
~~1414 PONCE DE LEON BLVD.~~
~~CORAL GABLES, FLORIDA 33134~~

10. Name and Address of New Registered Agent

81 Name: GORDON, LEWIS G.
82 Street Address (P.O. Box Number is Not Acceptable): 1320 S. DIXIE HIGHWAY, STE. 700
83
84 City: CORAL GABLES, FL 85 Zip Code: 33146

11. 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] 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D/P CASTANARES, CLIFFORD 12575 BISCAYNE BLVD. N. MIAMI, FLORIDA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GROVES, JOYCE 12575 BISCAYNE BLVD. N. MIAMI, FL.	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	5/1/95 MS	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 or 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: Clifford Castanares 4/28/95 (305)895-1545
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE DAYTIME TELEPHONE NUMBER
CLIFFORD CASTANARES