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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L35721

(4)

SOUTH BEACH STYLE, INC.

Principal Place of Business

1010 LINCOLN ROAD MIAMI BEACH FL 33139

23

Mailing Address

1020 LINCOLN ROAD MIAMI BEACH FL 33139

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 12/08/1989 2a, Mailing Address 2. Principal Place of Business FEI Number Applied For 1020 LINCOLN ROAD 65-0169458 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No USA 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BOWMAN, DANIEL 1020 LINCOLN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139

FI 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 apolit, 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 objections of, Section 607.0505, Florida Statutes.

83 84 City

SIGNATURE.

85

Zip Code

CR2E034 (10/97

BOWMAN, DANIEL stered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD TITLE DELETE 1.1 TITLE Change Addition **BOWMAN, DANIEL** NAME 1.2 NAME BOWMAN, DANIEL 9849 S.W. 111TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS 1751 WASHINGTON AVE MIAMI FL CITY-ST-ZiP 1.4 City - ST- ZIP MIAMI BEACH, FL DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling doos 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: