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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P37996** **(6)**

1. Corporation Name
LISSI DOLLS, INC.

Principal Place of Business
% KELTON. SPECTOR & CO..
875 AVE. OF AMERICAS
NEW YORK NY 10001

Mailing Address
% KELTON. SPECTOR & CO..
875 AVE. OF AMERICAS
NEW YORK NY 10001-3507

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

3. Date Incorporated or Qualified: **03/20/1992**
3a. Date of Last Report: **04/30/1996**

4. FEI Number: **52-1433167** ☐ 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
WILSON, HOWARD T.
241 NORTH NEW YORK AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name: **Perry Itkin, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable): **224 SE 9th Street**
83
84 City: **Fort Lauderdale** **FL** 85 Zip Code: **33316**

11. Pursuant to the provisions of Section [illegible] 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. The business 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 [illegible] Florida Statutes.

SIGNATURE: [signature] Perry S. Itkin DATE: 3/14/97
(Required when changing registered agent. Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	BAETZ, ARNO	
STREET ADDRESS	% 875 AVE. OF AMERICAS	
CITY-ST-ZIP	N.Y. NY	
TITLE	VCP	☐ DELETE
NAME	BAETZ, MANFRED	
STREET ADDRESS	% 875 AVE. OF AMERICAS	
CITY-ST-ZIP	N.Y. NY	
TITLE	T	☐ DELETE
NAME	SPECTOR, STEPHEN	
STREET ADDRESS	% 875 AVE. OF AMERICAS	
CITY-ST-ZIP	N.Y. NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] STEPHEN SPECTOR Secretary 3/11/97 212 714 9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #