FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037904 (8)**

1. Corporation Name
GLITTER INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~9431 NORTHWEST 130TH STREET~~	~~9431 NORTHWEST 130TH STREET~~
~~MIAMI FL 33014~~	~~MIAMI FL 33014~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 05/26/1993	3a. Date of Last Report: 05/01/1994
21 10099 nw 89 Ave	26 10099 nw 89 Ave	4. FEI Number: 65-0442567	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 #2 Bay	Suite, Apt. #, etc. 27 #2 Bay	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Medley FLORIDA	City & State 28 Medley FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33178 Country 25 DADE	Zip 29 33178 Country 30 DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND STREET
STE. 3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City FL 65 Zip Code

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 Kathryn A Lewis CEO, Pres 1/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	Director, CEO, Pres, S ☑ Change ☐ Addition
NAME	LEWIS, KATHRYN	1.2 NAME	Kathryn A. Lewis
STREET ADDRESS	~~9431 NORTHWEST 130TH STREET~~	1.3 STREET ADDRESS	10099 nw 89 Ave #2 Bay
CITY-ST-ZIP	~~MIAMI FL 33014~~	1.4 CITY-ST-ZIP	Medley, FL 33178
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: Kathryn A Lewis Dir, Pres, CEO 1/12/95 305-884-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kathryn A. Lewis

CF