

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

1996 4-26-96 B-4623 C

DOCUMENT # P93000059904 (1)

1. Corporation Name

EXOTIC ELEGANCE, INC.

Principal Place of Business

6600 SW 18 ST  
MIRAMAR FL 33023

Mailing Address

6600 SW 18 ST  
MIRAMAR FL 33023



3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 1300 NW 31<sup>st</sup> Ave

26 6600 SW 18<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FT. Lauderdale

27 Miramar

City & State

City & State

23 FL

28 FL

Zip

Country

24 33311

25 Broward

29 33023

Country

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAIN, SUSAN  
6600 SW 18TH ST  
MIRAMAR FL 33023

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BAIN, SUSAN  
STREET ADDRESS 6600 SW 18TH ST  
CITY - ST - ZIP MIRAMAR FL 33023

☐ DELETE

1. 1 TITLE

☐ Change ☐ Addition

TITLE VD  
NAME BAIN, FRANK  
STREET ADDRESS 6600 SW 18TH ST  
CITY - ST - ZIP MIRAMAR FL 33023

☐ DELETE

2. 1 TITLE

☐ Change ☐ Addition

TITLE SD  
NAME VOLPI, JOCELYN  
STREET ADDRESS 6600 SW 18TH ST  
CITY - ST - ZIP MIRAMAR FL 33023

☐ DELETE

3. 1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

4. 1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

5. 1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6. 1 TITLE

☐ 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)(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:

Susan Bain  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN BAIN

4-21-96

954-583-1802

Date

Daytime Phone

CR2E034 (12/95)