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Jan 14 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 # P93000059904 (1)

1. Corporation Name  
EXOTIC ELEGANCE, INC.



Principal Place of Business  
1300 NW 31ST AVENUE  
FORT LAUDERDALE FL 33311  
US

Mailing Address  
8600 SW 18TH STREET  
MIRAMAR FL 33023-2113  
US

3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0441477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

BAIN, SUSAN  
8600 SW 18TH ST  
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	BAIN, SUSAN	12 NAME	
STREET ADDRESS	8600 SW 18TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	
NAME	BAIN, FRANK	22 NAME	
STREET ADDRESS	8600 SW 18TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	
NAME	VOLPI, JOCELYN	32 NAME	
STREET ADDRESS	8600 SW 18TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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:

Susan Bain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-97

954 583-1502

Date

Daytime Phone #

0131348

CR2E034 (9/96)