SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -8 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000072721 (2)**

1. Corporation Name

HOT PINK LIPS, INC.

Principal Place of Business	Mailing Address
3251 SPANISH RIVER DR. UNIT 6 POMPANO BCH. FL 33062 US	3251 SPANISH RIVER DR. UNIT 6 POMPANO BCH. FL 33062 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0444358	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$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	10. Name and Address of New Registered Agent
THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED 343 ALMERIA AVE CORAL GABLES FL 33134	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: [illegible] (P.O. Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
01 TITLE	P	11 TITLE	☐ Change ☐ Addition
02 NAME	WILLET, KATHERINE A	12 NAME	
03 STREET ADDRESS	3251 SPANISH RIVER DR.	13 STREET ADDRESS	
04 CITY ST ZIP	POMPANO BCH. FL	14 CITY ST ZIP	
05 TITLE	ST	21 TITLE	☐ Change ☐ Addition
06 NAME	WILLET, JEFFREY D	22 NAME	
07 STREET ADDRESS	3251 SPANISH RIVER DR.	23 STREET ADDRESS	
08 CITY ST ZIP	POMPANO BCH. FL	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: Jeffrey D. Willets 7/14/95 305-784-0389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026257 CP