FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400005247 (9)

GEO POLISHING EXOTIC LOOK. INC.

5530 S STATE RD 7 5530 S STATE RD 7 FT LAUDERDALE FL 33314 FT LAUDERDALE FL 33314-6408 3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1994 03/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0462692 Not Applicable Suite, Apt. #, oto Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 26 Added to Fees Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BALEANU, ION BALEANU, MHGT 5530 S STATE RD 7 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33314 SAMe City Zip Code s of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered and accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered ag agent Lam familiar SIGNATURE Typed or pocted can be of regelered agent and the Tapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) PSTD DELETE P370 THLE 1.1 TITLE Change Addition BALMANU, JOHN 4580 S. STATE ROAD BALEANU, ION NAME 1.2 NAME 5530 S STATE RD 7 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33314 PT. LAVOGRDALD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 DITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 31 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-7IP 4.4 CITY - ST - ZIP DELETE 51 TITLE Change Addition THLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP DELETE TULE 61 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY - ST - ZIP 6.4 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 is 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 3 if princed, or on an attachment with an address.