PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

P94000015531

PRESTIGE PRODUCTS INC.

Mailing Address

SHOPS AT ORIOLE

- 4200 N STATE RD 7

LAUDERDALE LAKES FL 33319

SHOPS AT ORIOLE
42624288 N STATE RD 7
LAUDERDALE LAKES FL 33319

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SESRETARY OF STATE TALEARIESSEE, FLORIDA



REINSTATEMENT CO-CC

3. Date Incorporated or Qualified

| | | | | | 02/21/1994 | | |
|--|--|--------------------|---|---|---|---|--|
| 2. Principal Place of Business 4. Landard 2a. Mailing Address | | | | 4. FEI Number | Applied For | | |
| Pa 3840 | 26 | | × | | 65-0472286 | Not Applicable | |
| Suite, Apt. #, etc. | | Apt. #, etc. | - | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| i <u>. </u> | 27 | | | | | | |
| City & State Landerdale Lan | | & State | | | 6. Election Campaign Financing Trust Fund Contribution | *** \$5.00 May Be Added to Fees | |
| | | | Country | · · · · · · | | Added to 1 eds | |
| Zip Country | Zip | | | | 8. This corporation owes the current year Intangible Personal Property. | Yes No | |
| · · · · · · · · · · · · · · · · · · · | 3 (9 29 s of Current Registered / | Amont | 30 | | 10. Name and Address of New Registered | | |
| 9. Name and Address | or Chiteur Kedistelen y | | 81 | Name | to. Hame and Addition of the Transaction | | |
| AUGUSTE, SOSTHERNE SHOPS AT ORIOLE 4262 **266** N STATE RD 7 LAUDERDALE LAKES FL 33319 | | | | | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | | | | |
| PADPLIDATE TAICO LE 20019 | | | 84 | 84 City 85 Zip Code | | | |
| Pursuant to the provisions of section | ns 607 0502 and 607 1508 | 3. Florida Statute | s, the above- | named corpo | ration submits this statement for the purpose of | changing its registered | |
| office or registered agent, or both, i | in the State of Florida. Suc | ch change was a | luthorized by | the corporation | on's board of directors. I hereby accept the appo | ointment as registered | |
| agent. I are familiar with, and accept | of the obligations of, section | on 607.0505, Fig | orida Statutes | EHER | ME AUCUSTE | 4-1-00 | |
| GNATURE Standing band or added agency | registered agent/and title if applicab | nle (NC | | | uired when reinstating) DATE | | |
| • | FICERS AND DIRECTOR | | 13. | 2 | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 | |
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| AMBRICAN 5887 N. W. C | 22067 | | | ADDRESS | -04/24/0001119024 ****900.00 *****900.0 | | |
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