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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400053875 (8)
1. Corporation Name

LOS ANGELES MODE, INC.

FILED Feb 04 1998 8:00am Secretary of State

V13.71/9. 04

Principal Place of Business Mailing Address 1901 N. 15TH STREET 1901 N. 15TH STREET TAMPA FL 33605 TAMPA FL 33605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3256308 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \quad \text{No} No Personal Property Tax due June 30. 24 30 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PERSAUD, ANDREA PERSAUP 1901 N. 15TH STREET 82 **TAMPA FL 33605** 83 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition PERSAUD, ANDREA 1.2 NAME NAME 1901 N. 15TH STREET STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE VP S 2.1 TITLE PRESIDENT/TRESSUREL NAME PERSAUD, MICHAEL 2.2 NAME STREET ADDRESS 1901 N. 15TH ST. 2.3 STREET ADDRESS TAMPA FL CITY-\$1-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP ☐ DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

6.4 CiTy - ST-ZIP

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CITY-ST-ZIP

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