

Amended: #61.25

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 994000053875			
1. Corporation Name Los Angeles Mode, inc.			
Principal Place of Business 1901 N. 15th St. Tampa, FL. 33605		Mailing Address 10431 Nightengale dr. Riverview, FL. 33569	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1901 N. 15th St. Suite, Apt. #, etc. 22 City & State Tampa, FL. 23 Zip 33605 24 Country		2a. Mailing Address 26 10431 Nightengale dr. Suite, Apt. #, etc. 27 City & State Riverview, FL. 28 Zip 33569 29 Country	
3. Date Incorporated or Qualified 7/21/1994		4. FEI Number 59-3256308	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Michael Persaud 1901 N. 15th St. Tampa, FL. 33605		10. Name and Address of New Registered Agent 81 Name Andrés Persaud 82 Street Address (P.O. Box Number is Not Acceptable) 10431 Nightengale dr. 83 84 City Riverview 85 Zip Code 33569	
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 Andrés Persaud		DATE 7-22-99	
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I 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, with all other like empowered		15. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Andrés Persaud 7-22-99 (813)672-6633	

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