CORPORATION ANNUAL REPORT 1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000066848

1. Corporation Name

PERFECTION PLUS, INC.

Principal Place of Business	Mailing Address
1401 St. Rd. 7 N. Lauderdale, FL 33068	7110 N.W. 46 Ct. Lauderhill, FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/6/94
3a. Date of Last Report:

2. Principal Place of Business
21: 1401 St. Rd. 7
Suite, Apt. #, etc. 22:
City & State 23: N. Lauderdale, FL
Zip 24: 33068 County 25: U.S.A.

2a. Mailing Address
26: 7110 N.W. 46 Ct.
Suite, Apt. #, etc. 27:
City & State 28: Lauderhill, FL
Zip 29: 33319 Country 30: U.S.A.

4. FEI Number: 65-0515811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $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

Jan Skora
10016 N.W. 46th St.
Sunrise, FL 33351

10. Name and Address of New Registered Agent

81 Name: Anna Kalinski
82 Street Address (P.O. Box Number is Not Acceptable): 7110 N.W. 46 Ct.
83:
84 City: Lauderhill, FL 85 Zip Code: 33319

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: X Anna Kalinski, Anna Kalinski 05/08/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	President ☒ Change ☐ Addition
NAME	Willie Kalinski	12 NAME	Anna Kalinski
STREET ADDRESS	7110 N.W. 46 Ct.	13 STREET ADDRESS	7110 N.W. 46 Ct.
CITY ST ZIP	Lauderhill, FL 33319	14 CITY ST ZIP	Lauderhill, FL 33319
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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 if changed, or on an attachment with an address.

SIGNATURE: X Anna Kalinski, Anna Kalinski 05/08/95 (305)978-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #