

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015129 (6)

1. Corporation Name

STYLAR, INC.



Principal Place of Business

2610 N.E. 7TH STREET
HALLANDALE FL 33009

Mailing Address

2610 N.E. 7TH STREET
HALLANDALE FL 33009

2. Principal Place of Business

21 4837 E. 10 LANE

Suite, Apt. #, etc.

22 City & State

23 HIALEAH, FLA

24 Zip

33013

25 Country

USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Same

29 Zip

Same

30 Country

Same

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

4. FEI Number

65-0570581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

CHEVLIN, SANFORD Z
400 N.W. 10TH TERRACE
HALLANDALE FL 33009

4837 E. 10 LANE
HIALEAH, FLA 33013

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME STOLYAROV, LARISA
STREET ADDRESS 2610 N.E. 7TH STREET
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☒ DELETE

NAME STOLYAROV, BORIS
STREET ADDRESS 2610 N.E. 7TH STREET
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME VP/D
1.3 STREET ADDRESS CHEVLIN, SIMON
4837 E. 10 LANE
1.4 CITY-ST-ZIP HIALEAH, FLA 33013

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CHEVLIN, SIMON LEON
2.3 STREET ADDRESS 4837 E. 10 LANE
2.4 CITY-ST-ZIP HIALEAH, FLA 33013

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/15/96 305-068-0633

CR2E034 (12/95)