PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042165

MAJEST	IC MIRRORS, INC.				() AAITI AARTI A4AIR CHAA		
Principal Place	of Business	Mailing Address			II MDIEL OBILI OLDIO ILOG		
6508 NW 77 C		6508 NW 77 CT					
MIAMI FL 3315		MIAMI FL 33166		DO NOT WEST	E IN THIS SPACE	:	
us		US		3. Date Incorporated or Qualifed	E IN THIS SPACE		7
				05/25/1995			
2 Principal Pl	ace of Business	2a. Mailing Address		4. Fel Number		Applied For	7
7765	West 20th. Avenue	26 7765 West 2	Oth. Avenue	65-0586331		Not Applicable]
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	75 Additional e Required	
City & State	ė	City & State	·	6. Election Campaign Financing	□ \$5	.00 May Be	
23 Hiale	eah, FL	28 Hialeah, FL		Trust Fund Contribution	L Ad	ded to Fees	4
Zip 330	- Country -		= Country	-8This corporation owes the curre			
24 330	25		ol osk	Personal Property Tax. 10. Name and Address of New Ro	Yes	□N ₀	┨
<u> </u>	9. Name and Address of Curren	t Registered Agent	81 Name		Phares an Whater		1
RAS	DFELD, J.D. SKIP		-	Savage, Craig D.			4
3440 HOLLYWOOD		82 Street Ac	dress (P.O. Box Number is Not Acceptate 801 Northeast 167th.	ole) Street			
1	FLOOR		83	Suite 302			1
_ :-	LYWOOD FL 33021				las.	Zip Code	4
1			84 City	N. Miami Beach	FLII	33162	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above named co	proporation submits this statement for the pation's board of directors. I hereby accept	surpose of changing	g its registered	1
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth tions of, Section 607.0505, Florid	norized by the corpora a Statutes. 🔑	ation's board of directors. I hereby accept	trie appointment i	as togistored	
1 -3	7						
	CRAIG J).	UMY MYE	(Pa)	1 Degreel	2-2-	77	١.
SIGNATURE	CRAIG D. Stgnature, typed or printed name of registered egen	nt and title if applicable. (NOTE: Re	equatered Agent signature reg	bred when reinstating)	DATE) g
SIGNATURE	Signature, typed or printed name of registered eigen OFFICERS AN	in and title if applicable. (NOTE: Ro	opistered Agent signature (9)	ADDITIONS/CHANGES TO OFF	DATE	CTORS IN 12	11/981
SIGNATURE 12. TITLE	Stgnature, typed or printed name of registered egen OFFICERS AN	nt and title if applicable. (NOTE: Re	nostered Agent signature pos 13.	ADDITIONS/CHANGES TO OFF Vice-President	DATE	CTORS IN 12	
SIGNATURE 12. TITLE NAME	Stgrauture, typed or printed name of registered agen OFFICERS AN D GOLD, GREG	in and title if applicable. (NOTE: Ro	13. 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFF Vice-President Gold, Gregg A.	DATE ICERS AND DIRE XXI Cha	CTORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Stgrauture, typed or printed name of registered agen OFFICERS AN D GOLD, GREG 6508 NW 77 CT.	in and title if applicable. (NOTE: Ro	nostered Agent signature pos 13.	ADDITIONS/CHANGES TO OFF Vice-President Gold, Gregg A. 7765 West 20th. Avenu	DATE ICERS AND DIRE XXX Cha	CTORS IN 12 ange	R2F034
SIGNATURE 12. TITLE NAME	Stgrauture, typed or printed name of registered agen OFFICERS AN D GOLD, GREG	in and title if applicable. (NOTE: Ro	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS	ADDITIONS/CHANGES TO OFF Vice-President Gold, Gregg A.	DATE ICERS AND DIRE XXX Cha	CTORS IN 12	R2F034
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stgrauture, typed or printed name of registered agen OFFICERS AN D GOLD, GREG 6508 NW 77 CT.	of and title if applicable. (NOTE: R.) D DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF Vice-President Gold, Gregg A. 7765 West 20th. Avenu Hialeah, FL. 33014	DATE ICERS AND DIRE XXX Cha	CTORS IN 12 ange	R2F034 (
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an appear of the corporation of the receiver of trusted empowered.

SIGNATURE:

ALAN MANDEL

2/2/99

(305) 591-9505

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90141 042 ***150.00

Date

Daytime Phone #