


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90141 042 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P95000042165

1. Corporation Name

MAJESTIC MIRRORS, INC.

Principal Place of Business

6508 NW 77 CT  
MIAMI FL 33166  
US

Mailing Address

6508 NW 77 CT  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1995

4. FEI Number

65-0586331

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No2. Principal Place of Business  
21 7765 West 20th. Avenue

Suite, Apt. #, etc.

22 City & State  
23 Hialeah, FL

24 Zip 33014 25 Country USA

2a. Mailing Address  
26 7765 West 20th. Avenue

Suite, Apt. #, etc.

27 City & State  
28 Hialeah, FL

29 Zip 33014 30 Country USA

9. Name and Address of Current Registered Agent

BARDFELD, J.D. SKIP  
3440 HOLLYWOOD  
2ND FLOOR  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name Savage, Craig D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
801 Northeast 167th. Street  
83 Suite 302  
84 City N. Miami Beach FL 85 Zip Code 33162

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

CRAIG D. SAYAGE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GOLD, GREG  
STREET ADDRESS 6508 NW 77 CT.  
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
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CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice-President ☒ Change ☐ Addition  
1.2 NAME Gold, Gregg A.  
1.3 STREET ADDRESS 7765 West 20th. Avenue  
1.4 CITY-ST-ZIP Hialeah, FL. 330142.1 TITLE President/Secretary ☐ Change ☒ Addition  
2.2 NAME Alan Mandel  
2.3 STREET ADDRESS 7765 West 20th. Avenue  
2.4 CITY-ST-ZIP Hialeah, FL. 330143.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

ALAN MANDEL

2/2/99

(305) 591-9505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)