02241999-90141-042-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042165

1. Corporation Name
MAJESTIC MIRRORS, INC.

Principal Place of Business	Mailing Address
6508 NW 77 CT MIAMI FL 33166 US	6508 NW 77 CT MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1995

2. Principal Place of Business: 21 7765 West 20th. Avenue	2a. Mailing Address: 26 7765 West 20th. Avenue
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Hialeah, FL	City & State: 28 Hialeah, FL
Zip: 24 33014 Country: 25 USA	Zip: 29 33014 Country: 30 USA

4. FEI Number: 65-0586331 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

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

91 Name: Savage, Craig D.
92 Street Address (P.O. Box Number is Not Acceptable): 801 Northeast 167th. Street
93: Suite 302
94 City: N. Miami Beach FL 95 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. SAVAGE Craig D. Savage DATE: 2-2-99
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLD, GREG 6508 NW 77 CT. MIAMI FL	☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	Vice-President Gold, Gregg A. 7765 West 20th. Avenue Hialeah, FL. 33014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	14.1 TITLE / 14.2 NAME / 14.3 STREET ADDRESS / 14.4 CITY-ST-ZIP	President/Secretary Alan Mandel 7765 West 20th. Avenue Hialeah, FL. 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	15.1 TITLE / 15.2 NAME / 15.3 STREET ADDRESS / 15.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	16.1 TITLE / 16.2 NAME / 16.3 STREET ADDRESS / 16.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	17.1 TITLE / 17.2 NAME / 17.3 STREET ADDRESS / 17.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	18.1 TITLE / 18.2 NAME / 18.3 STREET ADDRESS / 18.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 added 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 INDIVIDUAL Date Daytime Phone #

AD

CR2E034 (11/98)