## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

GLAMOROUS FOREVER, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P95000063738 (5)

## **FILED** Jan 21 1998 8:00am Secretary of State

|    | DO NOT WRITE IN THIS SPACE     |
|----|--------------------------------|
| 3. | Date Incorporated or Qualified |

| Principal Plac                | e of Business   | Mailing Address   | • [   |                      |  | 'ra o deig dii bu crees in dan fi              | 1FM E FM ES 1M M I                       |  |  |
|-------------------------------|---|---|---|----------------------|--|--|--|--|--|
| 7795 W FLAG                   | SLER ST   | 7795 W. FLAGLER ST.   |   |                      |  |  |  |  |  |
| #100B                         |   | #1008   | #1008   |                      |  |  |  |  |  |
| Miami Fl. 33<br>US            | 144   | MIAMI FL 33144<br>US  | MIAMI FL 33144                                    |                      |  | IN THIS SPACE                                  |  |  |  |
| US                            |   | 05  |   |                      | 3. Date Incorporated or Qualified                              |  |  |  |  |
| 0.00-0-10                     | D   | La Living   |   |                      | 08/17/1995   | <del></del>                                    | <del></del>                              |  |  |
| <del>-</del>                  | Place of Business   | 2a. Mailing Address   |   |                      | 4. FEI Number  | <del></del>                                    | oplied For                               |  |  |
| 21 Cuita Ant                  | 4 010   | 26  |   |                      | 65-0032463   |  | ot Applicable                            |  |  |
| Suite, Apt.                   | #, etc.   | Suite, Apt. #, etc.   |   |                      | 5. Certificate of Status Desired                               |  | Additional equired                       |  |  |
| City & Stat                   |   | City & State  |   |                      | <del>                                     </del>               | 1  |  |  |  |
|                               |   | <del></del> ′   |   |                      | Election Campaign Financing Trust Fund Contribution            |  | May Be<br>to Fees                        |  |  |
| Zip                           | Country   | Zip   | Country   |                      |  |  | V 10 00 00 00 00 00 00 00 00 00 00 00 00 |  |  |
| 24                            | 25  | _ <del> </del>  | 0   |                      | This corporation owes or has pa Personal Property Tax due June |  | No.                                      |  |  |
| 24                            | 9. Name and Address of Curre  |   | <del>"                                     </del> |                      | 10. Name and Address of New Re                                 |  |  |  |  |
| RC                            | DRIGUEZ, ESTER  |   | 81  | Name                 |  | * 10 1 50 model #160 = -                       |  |  |  |
|                               | 95 W FLAGLER ST   |   |   |                      | er Tellez-Castilla   |  |  |  |  |
| 3                             | 008   |   | 82  | Street Add           | ress (P.O. Box Number is Not Acceptable St.                    | 0c#19  |  |  |  |
|                               | AMI FL 33144  |   | 83  | 1 1 1                | 2 10: 1 19 Jan 24.   | <del>pe</del>                                  | <del></del>                              |  |  |
| 1910                          | AMI 1 E 00144   |   |   |                      |  | t  | *., -, 50.                               |  |  |
|                               |   |   | 84  | City 10              | ami  |  | Code<br>3)44                             |  |  |
| 11. Pursuant                  | 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. |   |   |                      |  |  |  |  |  |
| office of i                   | registered agent, or both, in the State<br>im familiar with, and accept the oblic   | e of Florida. Such change was au<br>jations of, Section 607.0505, Flori | ingrized by<br>da Statutes                        | r tne corporat<br>i. | tion's board or directors, I hereby accep                      | it the appointment as                          | registered                               |  |  |
| SIGNATURE                     |   |   |   |                      |  |  |  |  |  |
|                               | Signature, typed or printed name of registered ag   |   | Registered Age                                    | nt signature requi   | ired when reinstating)   | DATE   | ······································   |  |  |
| 12.                           |   | ID DIRECTORS  | 13.   |                      | ADDITIONS/CHANGES TO OFFIC                                     |  |  |  |  |
| TITLE                         | D   | DELETE  | 1.1 TITLE   | رب-ا                 |  | Change   | Addition                                 |  |  |
| NAME                          | RODRIGUEZ, ESTER  |   | 1.2 NAME  | 1                    | ELLEZ-CASTIllo, E  | eter.  |  |  |  |
| STREET ADDRESS                | 7795 W FLAGLER-ST   |   | 1.3 STREET  | ADDRESS 7            | The in Fragler St-   | PC 19  |  |  |  |
| CITY-ST-ZIP                   | MIAMI-FL  |   | 1.4 CITY-S  | T-ZIP                | MiAmil Fi-   | <u> 33144                                 </u> |  |  |  |
| TITLE                         | 7   | DELETE  | 2.1 TITLE   | <u></u>              |  | ☐ Change                                       | Addition                                 |  |  |
| NAME                          | TELLEZ, OSCAR   |   | 22 NAME   | 1 6                  | ELLEZ-CASTILLO, OZ   | CAB  |  |  |  |
| STREET ADDRESS                | 7795 W-FLAGLER ST   |   | 2.3 STREET  | ADDRESS              | FILEZ-CASTILLO, OZ<br>7795 W FLAGLER S<br>Miami FL-            | 5t. PC-19                                      | ,  |  |  |
| CITY-ST-ZIP                   | MIAMI FL  | ·····   | 2. 4 CITY - S                                     | T-ŽIP /              | miani FL - 3   |  | 15-1                                     |  |  |
| TITLE                         |   | L_I DELETE  | 3,1 TITLE   |                      |  | L Change                                       | Addition                                 |  |  |
| NAME                          |   |   | 3.2 NAME  |                      |  |  |  |  |  |
| STREET ADDRESS                |   |   | 3.3 STREET  | ADDRESS              |  |  | [  |  |  |
| CITY-ST-ZIP                   |   |   | 3.4. CITY - S                                     | T-ZIP                |  |  |  |  |  |
| TITLE                         |   | L_ DELETE   | 4.1 TITLE   |                      |  | Change   | Addition                                 |  |  |
| NAME                          |   |   | 4. 2 NAME   |                      |  |  | - 1                                      |  |  |
| STREET ADDRESS                |   |   | 4.3 STREET  | ADDRESS              |  |  |  |  |  |
| CITY-ST-ZIP                   |   |   | 4.4 CMY - S                                       | T-ZI <u>P</u>        |  |  |  |  |  |
| TITLE                         |   | ☐ DELETE  | 5.1 TITLE   |                      |  | ☐ Change                                       | Addition                                 |  |  |
| NAME                          |   |   | 5.2 NAME  | ł                    |  |  |  |  |  |
| STREET ADDRESS                |   |   | 5.3 STREET  | ADORESS              |  |  | ļ  |  |  |
| CITY-ST-ZIP                   |   |   | 5.4 CITY - S                                      | r-ZIP                | <u></u>  |  |  |  |  |
| TITLE                         |   | DELETE  | 6.1 TITLE   |                      |  | Change   | Addition                                 |  |  |
| NAME                          |   |   | 6.2 NAME  |                      |  |  |  |  |  |
|                               |   |   | U.E 19191L  |                      |  |  |  |  |  |
| STREET ADDRESS                |   |   | 6.3 STREET  | ADDRESS              |  |  |  |  |  |
| STREET ADDRESS<br>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.

SIGNATURE: