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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500070087 (8) EXQUISITE INTERNATIONAL PRODUCTS INC.

Principal Place of Business 8628 REES ST PORT RICHEY FL 34668

2. Principal Place of Business

25

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

26

27

28

29

9. Name and Address of Current Registered Agent

8628 REES ST

PORT RICHEY FL 34668

Suite, Apt. #, etc.

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Yes Yes

8. This corporation owes or has paid the current year total gible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

09/07/1995

59-3366256

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30,

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

ELSHATER, SAAD A 8628 REES ST PORT RICHEY FL 34668			"	1101110			
			82	Street Address (P.O. Box Number is Not Acceptable)			
. 0	IN THORIET TE OTOGO		83				
						,	
			84	City	FL ⁸¹	5 Zip C	ode
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 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME	ELSHATER, SAAD E	ľ	1.2 NAME	ĺ			
STREET ADDRESS	8628 REES ST.	į.	1.3 STREET	ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668	Į.	1.4 C!TY - S	T- ZIP			1
TITLE	P	DELETE	2.1 TITLE			Change	Addition
NAME	ELSHATER, SAAD A.		2.2 NAME				
STREET ADDRESS	8628 REES STREET	STREET 2.35		ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668		2. 4 CITY-S	T-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME		1	3.2 NAME	ļ			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4,1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		ſ	5.2 NAME	ĺ			1
STREET ADDRESS		1	5.3 STREET	address			Ì
CITY-ST-ZIP			5.4 CITY - S	T-ZiP			
TITLE		DELETE	6,1 TITLE		i i	Change	Addition
NAME		1	6.2 NAME				
STREET ADDRESS		i	6.3 STREET	Address			1
CITY-ST-ZIP			6.4 CITY-S				
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 of 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.							

REQUIRED

Country

30