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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90079 030 ***150.00

DOCUMENT # **P95000080053**1. Corporation Name

MIRRORS BY OSCAR, INC.

Principal Place of Business Mailing Address										
1070 NW 1ST AVE 1070 NW 1ST AVE										
SUITE D		SUITE D				DO NOT WRITE IN THIS SPACE				
BOCA RATON F	L 33432		BOCA RATON FL 33432 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US		05				l			[
						10/16/1995 4. FEI Number		Apr	died For	
2. Principal Pla	ace of Business	├	¬				Applied For Not Applicable			
21		26				NOT APPLICABLE		\$8.75 A		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 1			5. Certifcate of Status Desired		Fee Rec		
22		27 Cit & State					_ 		·	
City & State		⊢	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28	<u> </u>							
Zip				8. This corporation owes the current year intangible Personal Property Tax. ✓ Yes □ No						
24	25 29 30									
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name Trees Classica Agent										
SANC	CHEZ, JANICE A						ctor of C)pera:	tions	
3386 CONCERT LANE						ss (P.O. Box Number is Not Acceptal	ole)			
MARGATE FL 33063					<u>и</u> о	·W· Ist. Ave				
MAN	SATE PL 33003		83			Δ			}	
				84 City	<u> </u>			85 Zip C	ode	
				-1Bo	<u>ca'i</u>	haton	<u> </u>	_33	139	
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 ar	n familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Stati	ites.	porditori	, , 200, 0 		·		
SIGNATURE	1177						<u> </u>			
SIGNATURE	Agnature, typed or printed name of registered agr			Agent signatur	required v	when reinstating)	DATE		70.111.40	
12.		ND DIRECTORS	13.		7	ADDITIONS/CHANGES TO OFF		Change	Addition	
TITLE	P	☐ DELETE	1.1 TIT		12.	10	<u>م</u> ر.	Change	Addition	
NAME	OSCAR, BARAHONA		1.2 NA		USC	ar Baranona				
STREET ADDRESS	5581 WINSTON PARK BLVD N	N #203	1.3 ST	REET ADORES		10 N.W. I Ave Ste. D			ł	
CITY-ST-ZIP	COCONUT CREEK FL 33073		1.4 CI	TY-ST-ZIP	Box	a Raton, Fl. 33	<u>432 </u>			
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STREET ADDRESS				TY-ST-ZIP						
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		_ 000010	6.2 N			•	_	_ •		
NAME			1		1					

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 cath; that I am an officer or director of the corporation or the receiver of 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 for on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP