PROFIT CORPORATION ANNUAL REPORT



.....LORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED 00 FEB 23 AM 10: 22

SECRETARY OF STATE FALLAMASSEE, PEONIDA

DOCUMENT # P95000081273 1. Corporation Name BLESS YOU, INC.

Principal Place of Business
17001 Collins Avenue

Miami, FL 33160

Mailing Address

17001 Collins Avenue Miami, FL 33160

DO NOT WRITE IN THIS SPACE

			3. Date Incorporated or Qualifed		
			10/23/95		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
. !	26		65-0614301	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
.1	27		Fee Required		
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
.!	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip Co	ountry	8. This corporation owes the current year I	ntangible	
25	29 30		Personal Property Tax.	XIX Yes □ No	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81 Na	ame		
Louis J. Terminello					
2700 S.W. 37th Avenue			Street Address (P.O. Box Number is Not Acceptable)		
Miami, FL 33133		83	1		
		84 Cit		85 Zip Code	
		1 1		L	

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 DI		13.	ADDITIONS/CHANGES TO OFFICERS A				
TITLE	Vice-Pres.,Treasurer,D)irector DELETEXX		Pres::Vice-Pres.,Treasurer	☐ Change XX Addition			
NAME	Armani, Yul	DELETE	1.2 NAME	Sec'y, Director	(
STREET ADDRESS	17001 Collins Avenue		1.3 STREET ADDRESS	Antonov, Igor	l			
CITY-ST-ZIP	Miami, FL 33160		1.4 CITY-ST-ZIP	17001 Collins Avenue, Miami	FL 331 <u>6</u> 0			
TITLE]	res., Secty, Director	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition			
	Antonov, Igor	,	2.2 NAME					
STREET ADDRESS	17001 Collins Avenue,	Miami, FL 3316	2.3 STREET ADDRESS	المن المن المن المن المن المن المن المن	·			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	900003155				
TITLE		☐ DELETE	3.1 TITLE		Indhenge III Addition			
NAME			3.2 NAME	******88.75	*****88.75			
STREET ADDRESS		•	3.3 STREET ADDRESS	300803159	6997			
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	*****61.25	11017004 Change Addition			
NAME		ı	4. 2 NAME					
STREET ADDRESS			4,3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME	-w				
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME			6.2 NAME		_			
STREET ADDRESS			6.3 STREET ADDRESS		KE			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		0.000			

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: Jul Mul Arman

Yul Armani, Vice-Pres.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)