## 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 # P96000013303 (8)

168 FRESH LOOK, INC.

CITY-ST-ZIP

FILED						
Apr 17 1998	8:00am					
Secretary of State						

Principal Place	e of Business	Mailing Address		1 FOOLINGE IFO IDEAD DIVID DURIN BONIN BOTT BOTT FIRST AFTON HITH SOURS AND IDEAD
168 S.E. 1 ST 801 Miami Fl 3313		P.O. BOX 110223 MIAMI FL 33111 US		DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualified 02/12/1996
_	lace of Businoss	2a. Mailing Address		4. FEI Number Applied For
21 🗜 26			65-0656561 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u></u>		5. Certificate of Status Desired See Regulred Fee Regulred
27		City & State		6. Election Campaign Financing \$5.00 May Be
<del>                                     </del>		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔀 Yes 🗌 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
KAI	HN, DONALD J		81 Nam	е
	71ST STREET		B2 Stree	et Address (P.O. Box Number is Not Acceptable)
MIA	MI BEACH FL 33141			
			83	
			B4 City	85 Zip Code
				FL 63 2 P COO
I office or r	enistered agent, or both, in the State	rof Florida. Such change was	authorized by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Fi	lorida Statutes.	
SIGNATURE	Signature, typed or printed name of registered age	and and tills of applicables (BIO	TE: Parietored Agent planet	ture required when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
NAME	SHERMAN, ALAN J.		1.2 NAME	
STREET ADDRESS	555 N.E. 15 ST., 30F		1.3 STREET ADDRESS	s l
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	V	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STASEVICH, DEBORAH		2.2 NAME	
STREET ADDRESS	168 S.E. 1 ST., #801		2.3 STREET ADDRESS	\$
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP	
TITLE	8	☐ DELETE	3.1 TITLE	Change Addition
NAME	SHERMAN, BERTA		3.2 NAME	
STREET ADDRESS	9341 COLLINS AVE., #408		3.3 STREET ADORES	S
CITY-ST-ZIP	MIAMI BEACH FL	DELETE.	3.4, CITY - ST - ZIP	Chara Cladifica
TITLE	T	☐ DELETE	4.1 TITLE	Change Addition
NAME	SHERMAN, BRYAN		4. 2 NAME	
STREET ADDRESS	168 S.E. 1 ST., #801		4 3 STREET ADDRES	is
CITY-ST-ZIP	MIAMI FL	☐ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE		f") nerest	5 1 TIFLE	C Grange C Adulton
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	N
City-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE			6.2 NAME	
NAME OTRETT ARRESTOR			0.2 NAME	

6.4 CITY-ST-ZIP

14. 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.