PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600013303

1. Corporation Name

168 FRESH LOOK, INC.

Principal Place	e of Business	Mailing Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)	188 (11 88 16)	17 6 8 16 6 16 16 16 16 16
168 S.E. 1 ST.		P.O. BOX 110223				Į.			
801		MIAMI FL 33111			DO NOT WRITE IN THIS SPACE				
Miami Fl 33131 US		US	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
US						02/12/1996			
2 Bringinal B	lace of Business	2a. Mailing Addres				4. FEI Number			Applied For
 1	lace of Busiliess	26				65-0656561			Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, e	etc.					\$8.75	Additional
22	,,, 5.5.	27				5. Certifcate of Status Desired		Fee F	Required
City & State	e	City & State			<u> </u>			\$5.0	O May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the curr			_
24	25	29	30			Personal Property Tax.		Yes	₩o
	9. Name and Address of Curre	nt Registered Agent		1-1		10. Name and Address of New I	Registered A	gent	
MALI	N. DONALD I			81	Name JE	EFF SHERMAN			
	In, Donald J 71st Street			82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
	VISI SINEE! MI BEACH FL 33141		•	100	16	8 SE 1 St #80	<u> </u>		
IAITA	WE BEACH PE 33141			83		·			
		•		84	City		<u></u>	85 Zig	Code 33(3(
L				_	MI	AM(FL		
11. Pursuant	registerled agent, or both, in the State	of Florida. Such change	e was authorize	ed by tr	named corp he corporation	oration submits this statement for the on's board of directors. I hereby acce	ot the appoint	ment as	registered
l office or r									
office or r agent. I a	im familiar with, and accept the obliga	itions of, Section, 644, 95	ous, Fiorida Sta	atųtes.	•		_		
office or r agent. I a SIGNATURE	im familiar with, and accept the obliga	Itions of, Section 64,055	505, FIORDA STA DHERMA	annes. N			- 20 -C		}
agent. I a	m familiar with and accept the obligation of the	Itions of, Section 64, 35 IRES - TEFF ht and title if applicable.	SHERMA (NOTE: Registere	ed Agents		d when reinstating)	– 20 – ^C	<u> </u>	
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6.4 CITY- \$T-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 of 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 any attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

3053750720

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90269 004 ***150.00