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

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90102 041 ***150.00

DOCUMENT # PUBLICITATION	DOCUMENT #	P96000014414	1
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1. Corporation Name

ONLY FO	or originals, inc.						
Principal Place	e of Business	Mailing Address		I LODYNDON HIM CONTO DUTHI DOSHI DOSHI DOSHI BOLGA YIMIY OLOGI OLOGI KIDIN ACAN INDIX			
2901 LE JEUNE STE 202 CORAL GABLES US	RD	13 RUE PHALSBOURG PARIS FR 75018 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/15/1996			
2 Principal D	ace of Business	2a. Mailing Address		4. FEI Number Applied For			
21 Philiopai Ph	ace of business	26		65-0643454 Not Applicable			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional			
22	.,,	27		5. Certificate of Status Desired			
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 36	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
14	9. Name and Address of Current		<u>, </u>	10. Name and Address of New Registered Agent			
2901 SUIT COR	ert P. Vega, C.P.A. Le Jeune RD E 202 Al Gables Fl 33134		83 City =	Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Proce of January FL 85 Zip Code R134			
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							
40	Signature, typed or printed name of registered agent		gistered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	OFFICERS AND	DELETE	1.1 TITLE	Change Addition			
	PVTS		1.2 NAME	HOUT			
NAME	HOLT, CARROL G			11001			
STREET ADDRESS	1401 EMERSON PLACE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CAMDEN AK	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition			
TITLE			2.1 MILE 2.2 NAME				
NAME							
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition			
TITLE		C) berrie	3.2 NAME				
NAME			3.3 STREET ADDRESS				
STREET ADDRESS				· ·			
CITY-ST-ZIP	 	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition			
] '			4.2 NAME				
NAME							
STREET ADDRESS			4.3 STREET ADDRESS	<u> </u>			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition			
TITLE			5.1 IIILE 5.2 NAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			3.5 STITLE FADDINGS	1			

6.4 CITY-ST-ZIP CITY-ST-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 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.

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition