

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

FILED

Apr 10 1997 8:00am  
Secretary of State

|   |   |
|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # **P96000060876 (5)**

1. Corporation Name  
**PS LOVE U, INC.**

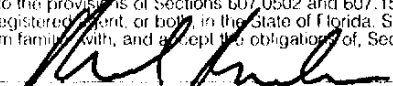


|   |  |
|---|--|
| Principal Place of Business<br><b>21402 WEST DIXIE HIGHWAY<br/>MIAMI FL 33180</b> | Mailing Address<br><b>21402 WEST DIXIE HIGHWAY<br/>MIAMI FL 33180-1144</b> |
|---|--|

|                                |                        |   |  |   |  |                         |  |
|--------------------------------|------------------------|---|--|---|--|-------------------------|--|
| 2. Principal Place of Business |                        | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>07/19/1996</b>  |  | 3a. Date of Last Report |  |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0681639</b>  |  | Applied For   |  | Not Applicable          |  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | <b>\$8.75 Additional Fee Required</b>   |  |                         |  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |                         |  |
| 24 Country                     | 29 Country             | 30 Country  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                         |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>HORLAND, JAMES A ESQ.<br/>290 N.W. 185TH STREET<br/>PENTHOUSE 4, CITICENTRE<br/>MIAMI FL 33169</b> |  | 10. Name and Address of New Registered Agent |  |
| 81 Name  |  | <b>BERNARD BRESSLER</b>                      |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)  |  | <b>21402 W. Dixie Hwy</b>                    |  |
| 83   |  |  |  |
| 84 City  |  | <b>N. Miami, hch</b>                         |  |
|  |  | <b>FL 85 33180</b>                           |  |

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:  **BERNARD BRESSLER DS** DATE: **4/3/97**

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RAVEDE, SUSAN</b>                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>21402 WEST DIXIE HIGHWAY</b>     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33180</b>               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DVT <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRESSLER, PEGGY</b>              | 2.2 NAME  |   |
| STREET ADDRESS             | <b>21402 WEST DIXIE HIGHWAY</b>     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33180</b>               | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DS <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRESSLER, BERNIE</b>             | 3.2 NAME  |   |
| STREET ADDRESS             | <b>21402 WEST DIXIE HIGHWAY</b>     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33180</b>               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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, 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.

SIGNATURE:  **BERNARD BRESSLER** DATE: **4-2-97** DAYTIME PHONE: **305-932-6263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)