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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P96000082703 (5)

**MODERN STYLE CORPORATION** 

**FILED** Feb 27 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		r radriadi nin inija mistr marti datri bakt balat satte tibit tabit Etiab titt 1001	
20506 SOUTH	DIXIE HIGHWAY	20505 SOUTH DIXIE HIGHWAY			
STE 1251		STE 1251		DO NOT WRITE IN THIS SPACE	
MIAMI FL 33189-1222		MIAMI FL 33189-1222		3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		10/08/1996 4. FEI Number	Applied For
21	MOO OF BUSINGS	26		4.4	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		65-0698695	CO 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State			
23		<u></u> †−¬ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	[28] Zip	Country		
24	25	h <del></del>	30	8. This corporation owes or has pal	- · - · ·
[24]	9. Name and Address of Curren		<u> </u>	Personal Property Tax due June 10. Name and Address of New Reg	
USURIU, NINA					
				ress (P.O. Box Number is Not Acceptab	(e) #2.1
MIAMI FL 33172   10 3 5 7 NW 97h 57. CL STE # 20					STe # 201
			83		
			84 City		85 Zip Code
			min	gmi	FL
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 agreen the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE (Ulu Vanlia					
Signature, typed or prented number registered agent are field it applicable (NCIT: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS ANI	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PSD	<b>₩</b> DELETE	1.1 TITLE		Change Addition
NAME	OSDRIO, NINA		1.2 NAME		
STREET ADDRESS	10257 NW 9TH ST CL STE 20	5	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP		
TITLE	P(I)	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CIAVERIA . NINA	. ~ ~	2.2 NAME	<i>y</i> :	<u></u>
STREET ADDRESS	10257 NW. 9TH.	ST. CL SIK AN	2.3 STREET ADORESS	•	
CITY-ST-ZIP	CIAVERIA, NINA 10257 NW. 9TH. MJAMI, FL 33172	•	2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TOLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	. ·		3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP		l l
TITLE		DELETE	4.1 TOTLE	***************************************	Change Addition
NAME		vector	4. 2 NAME		and complete from the property
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Delete	4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	D Observe D Addition
TITLE		☐ DELETE	5.1 THTLE		☐ Change ☐ Addition
MAME			5.2 NAME		I
STREET ADDRESS		•	5.3 STREET ADDRESS		ļ
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		
CITY-S1-ZIP			6.4 CITY-ST-ZIP		†

14. Thereby 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 eath; 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 charged, or on an attachmist with an address.

2-23-98 (305) 253-3991