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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095021 (7)

1. Corporation Name
ORIGINAL LOOK, INC.



Principal Place of Business

Mailing Address

7249 SW 42ND TERR
MIAMI FL 33155

7249 SW 42ND TERR
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4512 SW 37 Ave
Suite, Apt. #, etc.

26 4512 SW 37 Ave
Suite, Apt. #, etc.

22 City & State

27 City & State

23 FT Lauderdale, FL
Zip Country

28 FT Lauderdale, FL
Zip Country

24 33312-5404 25 Broward

29 33312-5404 30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METSCHER, JAMES
7249 SW 42ND TERR
MIAMI FL 33155

81 Name

Metscher, James

82 Street Address (P.O. Box Number is Not Acceptable)

4512 SW 37 Ave

83

84 City

FT Lauderdale

FL

85 Zip Code

33312

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JAMES METSCHER
STREET ADDRESS 4512 SW 37 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME MARTA METSCHER
STREET ADDRESS 4512 SW 37 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 04

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE Marta Metscher

1-27-98 (954) 962 2469

CR2E034 (10/97)