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

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000100086.

1. Corporation Name: PERFECT TEN BY DAISY, INC.

Principal Place of Business: 2242 NE 123 st Apt 322 N. Miami F/A 33181

Mailing Address: 875 NE 195 st Apt 312 N. Miami Bch Fla 33179

2. Principal Place of Business: 21 2242 NE 123 st	2a. Mailing Address: 26 875 NE 195 st
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 31A
City & State 23 N. Miami	City & State 28 N.M. Bch Fla 33179
Zip 24 33181 Country 25 DADE	Zip 29 33179 Country 30 DADE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1-97
4. FEI Number: 65-0713506 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation owes or has paid the current year's intangible Personal Property Tax due June 30. ☑ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

DAISY ANDERSON
875 NE 195 st Apt 312
N. Miami Bch Fla 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 N/A
84 City FL 85 Zip Code

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] DATE 4-21-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAISY ANDERSON	1.2 NAME	N/A
STREET ADDRESS	875 NE 195 st # 312	1.3 STREET ADDRESS	
CITY-ST-ZIP	N Miami Bch Fla 33179	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOMANI'S SARROSAY	2.2 NAME	
STREET ADDRESS	HQ USE UCOM APO E	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNIT 30400 BOX 2045 09128	2.4 CITY-ST-ZIP	
TITLE	SECRETARY ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOMANI'S SARROSAY	3.2 NAME	
STREET ADDRESS	HQ USE UCOM APO E	3.3 STREET ADDRESS	
CITY-ST-ZIP	UNIT 30400 BOX 2045 09128	3.4 CITY-ST-ZIP	
TITLE	TREASURER ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOMANI'S SARROSAY	4.2 NAME	
STREET ADDRESS	HQ USE UCOM APO E	4.3 STREET ADDRESS	
CITY-ST-ZIP	UNIT 30400 BOX 2045 09128	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	100002550801 -06/08/98--01034--038 ***158.75
STREET ADDRESS		5.3 STREET ADDRESS	
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-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [signature] 4-21-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #