

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

FILED

May 20 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 # P970000 48393 1. Corporation Name: PARISIAN Style, Inc.			
Principal Place of Business 777 N.W. 72 AVENUE # 2 PL 2 Miami - FL 33126		Mailing Address 777 N.W. 72 AVENUE # 2 PL 2 Miami - FL 33126	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified JUNE 2, 1997		3a. Date of Last Report JUNE 2, 1997	
4. FEI Number 65-0758287		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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent Bellaly S. Bages 777 N.W. 72 Avenue # 2 PL 2 Miami - FL 33126		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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: _____ (NOTE: Registered Agent's signature required when "transferring") DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE	P/D Bellaly S. Bages 8625 N.W. 6 Ln Miami - FL 33126	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP ☒ Change ☐ Addition	S/T/D Bellaly S. Bages 8625 N.W. 6 Ln. Miami - FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP ☐ Change ☒ Addition	P/D Guilles Couvage 777 N.W. 72 Ave # 2 PL 2 Miami - FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP ☐ Change ☐ Addition	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		09/30/98 800002532308 -05/22/98--01002--030 ***150.00	

CR2E034 (9/96)