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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000048393**1. Corporation Name

PARISIAN STYLE, INC.

FILED
May 06, 1999 8:00 am
Secretary of State
05.06.1000.00044.010.***1.50.00



Principal Place	of Business	Mailing Address				
777 N.W. 72 AVE	Ē.	777 N.W. 72 AVE.		ì		
# 2 PL. 2 Miami FL 33126		# 2 PL, 2 Miami FL 33126		DO NOT WRITE IN TH	HIS SPACE	
MIAMI FL 33120 MIAMI FL 33120				3. Date Incorporated or Qualifed		
				06/02/1997		
2. Principal Pla	ace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		65-0758287	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27		0, 55, 35, 35, 35, 35, 35, 35, 35, 35, 35	Fee Required	
City & State		City & State		6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	
23		28	Country	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	~, ·	8. This corporation owes the current year	intangible Maryes □No	
24	25	29 30	0	Personal Property Tax.  10. Name and Address of New Registers		
81 Name						
PACEO DELLALVO				Hodriquez MIRTA		
777 N.W. 72 AVENUE #2 PL 2			82 Stree	et Address (P.O. Box Number is Not Acceptable)	# 2 81 2	
777 N.W. 72 AVENUE #2 PL 2 ファフルルフレ Avenue #2 PL 2 83						
			84 City	Mipri: F	85 Zip Code 33 126	
44 5	the provious of Sections 607 0502	and 607 1508 Elorida Statutes	the above-name	d compration submits this statement for the purpose	of changing its registered	
office or re	gistered agent, or both, in the State of	Florida. Such change was aut	horized by the cor	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	pointment as registered	
agent. I am	n familia with and accept the obligation	ons of, Section 607.0505, Florid	a statutes.			
SIGNATURE 4	Minature, typed or printed name of registered agent	for title if applicable (NOTE: Re	egistered Agent signatur	e required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
	STD	DELETE	1.1 TITLE	STD .	Change Addition	
NAME	BAGES, BELLALY S	. •	1.2 NAME	Rodeijuez Mirta 8 9700 S.W. 106 Strut		
STREET ADDRESS	8625 NW 6-LANE; #108		1.3 STREET ADDRES	\$ 9700 S.W. 106 Street		
CITY-ST-ZIP	MIAMI FL 33120		1.4 CITY-ST-ZIP	Himni-Fe 33176		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
- NAME	GUILLES, COURREGE	ليساسه بنيوس والرياسة الراريي	2.2 NAME			
STREET ADDRESS	777 N.W. 72 AVE. #2 PL. 2		2.3 STREET ADDRES	s	•	
CITY-ST-ZIP	MIAMI FL 33126		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	s		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	s		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DEFELE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5,2 NAME			
STREET ADDRESS			5,3 STREET ADDRES	ss		
CITY-ST-ZIP			5.4 CITY- ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		. /	6.2 NAME			
STREET ADDRESS		I	6.3 STREET ADDRES	ss		
CITY-ST-ZIP		<b>!</b> /	6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not quary 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 truese empressed 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. This all other like empowered.

SIGNATURE:

SIGNATURE OF PRINTER OF PRINTER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #