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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90062 010 ***150.00

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1. Corporation Name	0000001	į
WOMAN ON THE VERGE, INC.		
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Principal Place of Business Mailing Address 9741 SW 148TH STREET 9741 SW 148TH STREET MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/22/1997 4. FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address 65-0770134 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 KUCI. RICHARD A JR 82 Street Address (P.O. Box Number is Not Acceptable) 9741 SW 148TH STREET **MIAMI FL 33176** 83 84 85 Zip Code City 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

agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Fl	orida Statutes.	reading board of differents. Thereby decept the appearance region	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change	Addition
NAME	KUCI, RENEE	1.2 NAME		
STREET ADDRESS	9741 SW 148TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP		
TITLE	SD	.21,TITLE	Change.	< □ Addition
NAME	KUCI, RICHARD A JR	2.2 NAME		
STREET ADDRESS	9741 SW 148TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Additio
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADORESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change	☐ Additio
NAME		4. 2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Additio
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Additio
NAME		6.2 NAME		
STREET ADDRESS	·	6.3 STREET ADDRESS		
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SICHOLINEC

4/18/99

305-651-7110ext