## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000074128 (4)

IRRESISTIRI È INTIMATES, INC.

## **FILED** Jul 08 1998 8:00am Secretary of State

| 111112010                                 | TIPES ITTIMO (160) ITO                              |   |                                       |                 |                    | E MAGNARI HA NAMA ARAN ARAN ARAN ARAN ARAN ARAN ARA  |           |  |
|---|---|---|---------------------------------------|-----------------|--------------------|--|-----------|--|
| Principal Place of Business               |   | Mailing Address                           |                                       |                 |                    |  |           |  |
|   |   | •   |                                       |                 |                    |  |           |  |
| 8295 WEST 20TH AVENUE<br>HIALEAH FL 33014 |   | 8295 WEST 20TH AVENUE<br>HIALEAH FL 33014 |                                       |                 |                    |  |           |  |
|   |   |   |                                       |                 |                    | DO NOT WRITE IN THIS SPACE   |           |  |
|   |   |   |                                       |                 |                    | 3. Date Incorporated or Qualified  | $\neg$    |  |
|   |   |   |                                       |                 |                    | 08/26/1997   |           |  |
|   | lace of Business                                    | 2a. Mailing Address                       |                                       |                 |                    | 4. FÉI Nùmber Applied For  |           |  |
| 21  |   | 26  |                                       |                 |                    | 65-0782659 Not Applicable  | <u></u>   |  |
| Suite, Apt.                               | #, etć.   | Suite, Apt. #, etc.                       |                                       |                 |                    | 5. Certificate of Status Desired \$8.75 Additional   |           |  |
| 22  |   | 27  |                                       |                 |                    | Fee Required   | _         |  |
| City & State                              |   | City & State                              |                                       |                 |                    | 6. Election Campaign Financing \$5.00 May Be   | - 1       |  |
| 23  |   | Zip Country                               |                                       |                 |                    | Trust Fund Contribution Added to Fees  | _         |  |
| Zip                                       | Country   | Zip                                       | <del></del>                           |                 |                    | 8. This corporation owes or has paid the current year Intangible 00  | 쿭         |  |
| 24  | 9. Name and Address of Curren                       | 29  | 30                                    | 1               |                    | Personal Property Tax due June 30. Yes No No 10. Name and Address of New Registered Agent  | 4         |  |
| en h                                      |   | ir vehisteren Whatir                      |                                       | 81              | Name               |  | 긤         |  |
|   | IGS, INC.   |   |                                       |                 |                    |  | -         |  |
|   | N.W. 16TH STREET                                    |   |                                       | 82              | Street             | Address (P.O. Box Number Is Not Acceptable)  | 7         |  |
| f FT. L                                   | AUDERDALE FL 33311-4132                             |   |                                       | 83              |                    |  | 4         |  |
|   |   |   |                                       | 03              |                    |  |           |  |
|   |   |   |                                       | 84              | City               | FL 85 Zip Code   | ٦         |  |
| 11. Pursuani                              | to the provinces of sections 607.050                | 2 and 607 1509 Clarida Ctatut             |                                       | Ш               |                    |  |           |  |
| Office or                                 | registered agent, or both, in the State             | of Florida. Such change was .             | authorized                            | g by :          | the corpo          | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |           |  |
| agent. I :                                | am familiar with, and accept the obliga             | ations of, section 607.0505, FI           | orida Stat                            | ules            |                    |  |           |  |
| SIGNATURE                                 | Signature, typed or printed name of registered ager | at And title if nonlinable (All           | OTC: Basista                          | rnd An          | ant signal i       | ure required when reinstating) DATE  |           |  |
| 12.                                       |   | ID DIRECTORS                              | 13.                                   | ee A            | lett affigin       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  | -         |  |
| TITLE                                     | D   | DELETE                                    | 1.1 10                                | TLE             |                    | Change Addition  | $\vdash$  |  |
| NAME                                      | BENSON, SAM   | L_J DECETE                                | 1.2 NAM                               |                 |                    | Carlo Orlange Carlo Addition   | 1         |  |
| STREET ADDRESS 8295 WEST 20TH AVENUE      |   | 1.3 STREET ADDRESS                        |                                       | ADDRESS         |                    |  |           |  |
| CITY-ST-ZIP                               | HIALEAH FL 33014                                    |   |                                       | I.4 CITY-ST-ZIP |                    |  |           |  |
| TITLE                                     | D   | DELETE                                    | 2.1 TITLE                             |                 | 211                | Change Addition  | $\dashv$  |  |
| NAME                                      | DANIS, STEPHEN                                      | <del></del>                               |                                       |                 | Criarge C Addition |  | '         |  |
| STREET ADDRESS 8295 WEST 20TH AVENUE      |   |   |                                       |                 | ADDRESS            |  |           |  |
| CITY-ST-ZIP HIALEAH FL 33014              |   | 2.4 CiTy-ST-Zi                            |                                       |                 |                    | ı  |           |  |
| TITLE                                     |   |   |                                       |                 | ZIP                |  | +         |  |
| NAME                                      |   | L_J DELETE                                | 3.2 NA                                |                 | İ                  | Change Addition  | '         |  |
| STREET ADDRESS                            |   |   | - 1                                   |                 | ADDRESS            |  |           |  |
| CITY-ST-ZIP                               |   |   | 3.4 CI                                |                 |                    |  |           |  |
| TITLE                                     |   | DELETE                                    | 4.1 TIT                               |                 | FIL                |  | $\dashv$  |  |
| NAME                                      |   | T-1 DEFEIF                                | 4.2 NA                                |                 |                    | Change Addition  | '         |  |
| STREET ADDRESS                            |   |   |                                       |                 | ADDRESS            |  |           |  |
| CITY-ST-ZIP                               |   |   | 4.4 CI                                |                 | - 1                |  |           |  |
| TITLE                                     |   | DELETE                                    | 5.1 TIT                               |                 | LIC                | Chann Taddiin  | $\exists$ |  |
| NAME                                      |   | □""] DCTC1F                               | 5.2 NA                                |                 |                    | Change Addition  | '         |  |
| STREET ADDRESS                            |   |   |                                       |                 | DDRESS             |  |           |  |
| CITY-ST-ZIP                               |   |   |                                       |                 |                    |  |           |  |
| TITLE                                     |   | DELETE                                    | 5.4 CIT<br>6.1 TIT                    |                 | LIP                |  | +         |  |
| NAME                                      |   | [] NETE IF                                | 6.2 NA                                |                 |                    | Change Addition  | '         |  |
| STREET ADDRESS                            |   |   | 1                                     |                 | UDBEec             |  |           |  |
| CITY-ST-ZIP                               |   |   | 6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |                 |                    |  |           |  |
| OLE TO FEEE                               |   |   | 0.4 (3)                               | 1-31-7          | Ur .               | J  |           |  |

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.

7/1/98

305-622 -6981