


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90215 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000008462</b> ✓					
1. Corporation Name <b>WIGS &amp; THINGS II, INC.</b>					
Principal Place of Business <b>1601 BISCAYNE BLVD</b> <b>MIAMI FL 33132</b>			Mailing Address <b>1601 BISCAYNE BLVD</b> <b>MIAMI FL 33132</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>115 S.E. 1<sup>st</sup> Ave</b> Suite, Apt. #, etc. 22 <b>MIAMI</b> City & State 23 <b>MIAMI, FL</b> Zip Country 24 <b>33131</b> 25			2a. Mailing Address 26 <b>115 S.E. 1<sup>st</sup> Ave</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FL</b> Zip Country 29 <b>33131</b> 30		
3. Date Incorporated or Qualified <b>01/27/1998</b>			4. FEI Number <b>65-0807510</b> Applied For <del>65-0638857</del> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>MITHAVAYANI, ALI</b> <b>1601 BISCAYNE BLVD</b> <b>MIAMI FL 33132</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>Ali Mithavayani</i> DATE <b>6/10/99</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MITHAVAYANI, ALI</b> <b>1601 BISCAYNE BLVD</b> <b>MIAMI FL 33132</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MITHAVAYANI, MIRA</b> <b>1601 BISCAYNE BLVD</b> <b>MIAMI FL 33132</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: *Ali Mithavayani* **Ali MITHAVAYANI** 4/26/99 (305) 273 5851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FEI # **65-0807510**

CR2E034 (1/98)