May 17, 1999 8:00 am Secretary of State

05-17-1999 90096 023 ***150.00

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 # P98000027346

1. Corporation Name

LOVEFOREVER-LATIN STYLE, INC.

Principal Place of Business Mailing Address	IEIA BULLARU
	IAIA Birr iabi
6657 WINDSOR DR. 6657 WINDSOR DR.	
PARKLAND FL 33067 PARKLAND FL 33067	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	····
03/24/1998	
	lied For
	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 A	
22 Fee Rec	
City & State City & State 8. Election Campaign Financing \$5.00	,
23 Trust Fund Contribution Added to	rees
	⊠No
24 25 29 30 Personal Property Tax. Test of the second Property Tax.	
81 Name \/	
TILLEM, SCOTT E VINCENT M. COIRO	
10 FAIRWAY DR., SUITE 219 82 Street Address (P.O. Box Number is Not Acceptable) 10 FAIRWAY DR., SUITE 219	
DEERFIELD BCH FL 33441	
84 City 7 / / 85 Zip C	ode
FARKIAND FL 35	
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 or directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	istered
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	istered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP