PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Kathorina Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90164 020 ***150.00

FILED

DOCUMENT # P98000053432 1. Corporation Name

AZAKA DOLL INCORPORATED

| Principal Place of Business Mailing Address | | | | | | 4 10011000 irm 50101 fatti Catti Catti Catti Ca | * P1 6/194 HIN 4188 | | |
|---|--|---------------------------------------|---------------|-------------|--------------------|--|---------------------|---------------|--|
| 9810 FOREST DRIVE 9810 FOREST DRIVE | | | | | | | | | |
| MIAMI FL 30025 | | | | | | DO NOT WRITE IN TH | JIR SPACE | | |
| ; | | | | | | 3. Date Incorporated or Qualified | IID OF ACE | | |
| | | | | | | 06/12/1998 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | A | pplied For | |
| 21 26 | | | | | | 65-0842959 | <u> </u> | ot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | Additional | |
| 22 | • | 27 | | | | 5. Certifcate of Status Desired | Fee R | beriupe | |
| City & State City & State | | | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 28 | | | | | | Trust Fund Contribution | Added | to Fees | |
| Zip | Country | Zip | | untry | | 8. This corporation owes the current year | Inlangible | | |
| 24 | 25 | | 30 | | | Personal Property Tax. | Yes | □ No □ | |
| ļ | 9. Name and Address of Cu | rrent Registered Agent | | 81 | | 10. Name and Address of New Registers | ad Agent | | |
| LAROCHE, EDDY | | | | | Name | | | 1 | |
| · · · · · · · · · · · · · · · · · · · | | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable) | | | |
| 9810 FOREST DRIVE | | | | | | | | | |
| MIAMI FL 33025 | | | | 83 | | | | ļ | |
| | • | | | 84 | City | | 85 Zip | Code | |
| | | | | | • | F | | | |
| 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. | | | | | | | | | |
| egent. I s | um familiar with, and accept the ot | ligations of, Section 607.0505, Flori | da Stat | utes. | 44 | | | | |
| SIGNATURE | | · · | | | , | | | | |
| 12. | Signature, typed or printed name of registered | AND DIRECTORS | Registered | I Agent | signature required | ADDITIONS/CHANGES TO OFFICERS | AND DIDECTO | NPC IN 12 | |
| TITLE | 0 | ☐ DELETE | 1.177 | TLE. | | ADDITIONAL PROPERTY OF THE PRO | Change | ☐ Addition | |
| NAME | LAROCHE, EDDY | | 12 N | | \ | • | | | |
| STREET ADDRESS | l | | | | ADORESS | | | 1 | |
| CITY-ST-ZIP | MIAMI FL 33025 | | 1 | TY-ST- | | | | 1 | |
| TITLE | DELETE 2117 | | | | | Change | Addition | | |
| NAME | DURE, WENCES 22 NA | | ME | j | | | - ! | | |
| STREET ADDRESS | and all miles have | | REET A | AODRESS | | | ſ | | |
| CITY-ST-ZIP | 1 100 1110 = 0000 | | • | TY-ST | 1 | | | 1 | |
| TITLE - | D DELETE 3.117 | | | | | Change | Addition | | |
| NAME | DURE, MICHEL | _ | 32 N | WE | | | - ' | _ | |
| STREET ADDRESS | 3210 CALINAS WAR | | | | ADORESS | | | ł | |
| City-St-ZIP | MIRAMAR FL 33025 | | | ITY-ST | ' I | | | l | |
| tine | | DELETE - | _ | LE | | | Change | Addition | |
| NAME | • • | • | 4.2 N | AME . | | • | | | |
| STREET ADDRESS | • • | | 43.61 | REET A | ADDRESS | | | ļ | |
| CITY-ST-ZIP | | | | TY-ST- | Į. | | | | |
| TITLE | | ☐ DELETE | 5.1 TO | | | | ☐ Change | ☐ Addition | |
| NAME | | مستداد والمرافق | 52 N | | J | | | | |
| STREET ADDRESS | | | 6.3 ST | REETA | VDORESS | | | | |
| CTTY-8T-ZIP | · | 1 | | Y-ST- | ZEP | | | | |
| TITLE | | ☐ DELETE | ६.१ गा | LE | | · · · · · · · · · · · · · · · · · · · | Change | Addition | |
| NAME | | | 8.2 NA | ME | | | | | |
| STREET ANDRESS | | | 63 87 | REET A | CORESS | | | Į. | |

14. I hereby certify that the information supplied with this filling 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 807, 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.

\$4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS