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

Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90052 012 ***150.00

DOCUMENT # P98000066235 1. Corporation Name

WILD STYLE, INC.

Mailing Address

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Principal Rlace of Business 7007 N. TREENWAY DRIVE 7007 N. GREENWAY DRIVE MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/28/1998 2. Principal Place of Business 2a. Mailing Address FEI Numb Applied For 6r INTERWAY DY 26 70907 N Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Zip Country ∏No 30 Personal Property Tax. ☐ Yes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FRANK, CHAYO 82 Street Address (P.O. Box Number is Not Acceptable 7007 N. REENWAY DRIVE MIAMI FL 33155 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE FRANK, CHAYO NAME moon N. WATERWAY Dr. 7007 N. WREENWAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE TITLE VSD

FRANK, PATRICIA 2.2 NAME NAME moor N. Waterway Dr. 7007 N. WREENWAY DRIVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33155 2.4 CITY-ST-ZIP CITY'ST ZIP-DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 5.1 TITLE me 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 officer or director of the corporation or the receivery Block 12 or Block 13 if changel, or on an attachme nt with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)