

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90011 024 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000068848

1. Corporation Name
W.I.I.F.M., INC.

Principal Place of Business
**6270 WEST FLAGLER STREET
UNIT A-13
MIAMI FL 33144**

Mailing Address
**6270 WEST FLAGLER STREET
UNIT A-13
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/06/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AGUDO, MARCELO M ESQ.
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DON, MARIA**
STREET ADDRESS **6270 WEST FLAGLER STREET UNIT A-13**
CITY-ST-ZIP **MIAMI FL 33144**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Don, Maria C.**
1.3 STREET ADDRESS **1665 WEST 49TH STREET**
1.4 CITY-ST-ZIP **Hialeah FL 33012**

TITLE **VSD** ☐ DELETE
NAME **DON, MARIA**
STREET ADDRESS **6270 WEST FLAGLER STREET UNIT A-13**
CITY-ST-ZIP **MIAMI FL 33144**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Don, Maria C.**
2.3 STREET ADDRESS **1665 West 49 Street**
2.4 CITY-ST-ZIP **Hialeah FL 33012**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

MANUEL AGUDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99 305/496-8745
Date Daytime Phone #

CR2E034 (5/99)

GREAT EXPECTATIONS SALON

Westland Mall
1665 West 49th Street
Hialeah, FL 33012

p98000068848
~~605768-90014-24~~
60674-9001-24

August 6th, 1999

DIVISION OF CORPORATIONS
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Last week we noticed that we had never written a check for the renewal of the corporation; and also that we had never received the report.

We called your offices, and found out that the problem was the mailing address, and that the address that you had on file was not our business address.

We inquired with the resident of the address on your files, and in that roundabout manner were able to pick up our copy of the Annual Report.

We are enclosing the report, which includes the change of address request, along with a check for \$150.00 for the renewal fee.

During our phone call, we were also told that after May 1st, a penalty of \$400.00 may be applied by your department. We would like to appeal for relief of that penalty, on this one time basis, due to the circumstances stated.

Also, that should you have any further questions, please feel completely free to contact me directly, at (305) 496-8745, at any time.

Sincerely Yours,



Maria C. Don

MCD/mcd

Enclosure: Check #4477