PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

7623 SW 128 PLACE

FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105451

LUV'N HANDS, INC.

Principal Place of Business

7623 SW 128 PLACE

MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/21/1998 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-089**0**520 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Z) 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zlo Zip ☐ Yes Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 FERRO-RODRIGUEZ, ZENAIDA M Street Address (P.O. Box Number is Not Acceptable) 82 7623 SW 128 PLACE MIAMI FL 33183 83 Zip Code 84 City 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 ture, typed or printed name of registered again, and title if applical ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change LI TITLE TITLE . CR2E034 12 NAME FERRO-RODRIGUEZ, ZENAIDA M NAME 1.3 STREET ADDRESS 7623 SW 128 PLACE STREET ADDRES 1,4 CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 2 2 NAME NAME 23 STREET ADORESS STREET ADDRESS 2_4 CITY-ST-ZIP CITY-ST-ZP Change □ Addition DELETE 3177718 TILE 12 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITUE TITLE 52 NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZP Cysude ☐ Addition 61 TILE DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CUTY-5T-25P 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 eath; 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.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90205 020 ***158.75

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