CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:26

DOCUMENT # S05698 (3)

1. Corporation Name
LIFESTYLES CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
3001 S. OCEAN DR. SUITE 14E HOLLYWOOD FL 33019	3001 S. OCEAN DR., SUITE 14E HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 14278 BISCAYNE BLVD
22 Suite, Apt. #, etc.: SUITE 144
23 City & State: N. MIAMI BEACH, FL
24 Zip: 33181
25 Country: U.S.A.

2a. Mailing Address
26: 14278 BISCAYNE BLVD.
27 Suite, Apt. #, etc.: SUITE 144
28 City & State: N. MIAMI BEACH, FL
29 Zip: 33181
30 Country: U.S.A.

4. FEI Number: 65-0222384 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEWIN, JUAN A
~~9001 S. OCEAN DR, SUITE 14E~~
~~HOLLYWOOD FL 33019~~

10. Name and Address of New Registered Agent

01 Name: LEWIN, JUAN A.
02 Street Address (P.O. Box Number is Not Acceptable): 14278 BISCAYNE BLVD, SUITE 144
03:
04 City: N. MIAMI BEACH FL 05 Zip Code: 33181

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: J.A LEWIN 7/28/95
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	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	LEWIN, JUAN A.	1.2 NAME	LEWIN, JUAN A.
STREET ADDRESS	~~9001 S. OCEAN DR. #14E~~	1.3 STREET ADDRESS	14278 BISCAYNE BLVD. SUITE 144
CITY-ST-ZIP	~~HOLLYWOOD FL~~	1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33181
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J.A. LEWIN 7/29/95 (305)927-1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089101 CP