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~PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47510

LIFESTYLE PRODUCTS, INC.

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

03-04-1999 90131 009 ***150.00



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Principal Place of Business		Mailing Address				f #1841 1888) Afthi (584) as	ist Millis Astro Millis Astro	81911 93 911 1981
3671 NW 52 ST		3840 NW 52ND ST						•
MIAMI FL 3314	2	MIAMI FL 33142-244				DO NOT WRITE I	N THIS SPACE	
		US			3. Date Incorpora	ted or Qualifed		
					07/02/1992		•	}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	·	A	oplied For
21		26			65-034607	5	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of S		7	Additional
22		27			o. Certificate of C		Fee R	equired
City & Stat	te	City & State			6. Election Camp	- 1		May Be
23		28			Trust Fund Co			to Fees
Zip	Country	Zip	Country			on owes the current y	year Intangible ☐ Yes	□No
24	25]	29	30		Personal Prop	eny rax. Idress of New Regis		
	9. Name and Address of Cur	rent Registered Agent	81	Name 2		1/1/1/2=	A	
MOL	LERA, RAUL M.				40/ /VI	MOHERA	4	
	SW 99 AVE		82	Street Addre	ess (P.O. Box Number	er is Not Acceptable	street	
	MI FL 33173		83	<u> </u>	,,,	<u> </u>		
			84	City (7)	imi		FL 85 Zip	Code
				107	1 7/1 (1)			
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the above-r	named como	vation cultimite this e	tatement for the purp	nose of changing its	s registered
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sections for filling with any accept the ob-	ate of Florida. Such change was a	authorized by th	named como	vation cultimite this e	tatement for the purps. I hereby accept the	nose of changing its	registered egistered
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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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: