

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NON-PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-04-1999 90131 009 ***150.00

DOCUMENT # V47510

1. Corporation Name

LIFESTYLE PRODUCTS, INC.

Principal Place of Business

3671 NW 52 ST
MIAMI FL 33142

Mailing Address

3640 NW 52ND ST
MIAMI FL 33142-244
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1992

4. FEI Number

65-0346075

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 Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MOLLERA, RAUL M.
5610 SW 99 AVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name Raul M. Mollera

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

3671 NW 52nd Street

83

84 City Miami

FL

85 Zip Code 33142

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

Raul M. Mollera

1/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MOLLERA, RAUL M.
STREET ADDRESS 5610 SW 99 AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MOLLERA, ARACELIA
STREET ADDRESS 5610 SW 99 AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MOLLERA, RAUL
STREET ADDRESS 225 NW 132 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Mollera, Raul M.
1.3 STREET ADDRESS 3671 NW 52nd Street
1.4 CITY-ST-ZIP Miami, FL 33142

2.1 TITLE DT ☒ Change ☐ Addition

2.2 NAME Mollera, Aracelia
2.3 STREET ADDRESS 3671 NW 52nd Street
2.4 CITY-ST-ZIP Miami, FL 33142

3.1 TITLE DS ☒ Change ☐ Addition

3.2 NAME Mollera Jr., Raul
3.3 STREET ADDRESS 3671 NW 52nd Street
3.4 CITY-ST-ZIP Miami, FL 33142

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

Raul M. Mollera

1/20/99 (305) 4431919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)