FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # J82226 (8)

1. Corporation Name
LENA'S BRIDALS, INC.

Principal Place of Business	Mailing Address
% MIGUEL J. RODRIGUEZ, CPA 5551 SW 57TH ST DAVIE FL 33314	% MIGUEL J. RODRIGUEZ, CPA 5551 SW 57TH ST DAVIE FL 33314-7419

3. Date Incorporated or Qualified: 07/13/1997
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 4801 S. UNIVERSITY DR.	26 4801 S. UNIVERSITY DR.
Suite, Apt. #, etc. 22 # 302-W	Suite, Apt. #, etc. 27 # 302 -W
City & State 23 DAVIE, FL	City & State 28 DAVIE, FL
Zip 24 33328 Country 25 BRWD	Zip 29 33328 Country 30 BRWD

4. FEI Number: 65-0003494 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUEZ, MIGUEL J. CPA 5551 SW 57TH ST DAVIE 33314	81 Name: MIGUEL J RODRIGUEZ 82 Street Address (P.O. Box Number Is Not Acceptable): 4801 S. UNIVERSITY DRIVE #302-W 83 84 City: DAVIE FL 85 Zip Code: 33328

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] MIGUEL J RODRIGUEZ 4/24/97
Signature of 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	PTSD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	RODRIGUEZ, MIGUEL J		1.2 NAME	
STREET ADDRESS	~~5551 SW 57TH ST~~		1.3 STREET ADDRESS	4801 S. UNIVERSITY DRIVE #302-W
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		1.4 CITY-ST-ZIP	DAVIE, FL 33328
TITLE	VP	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, MIGUEL		2.2 NAME	
STREET ADDRESS	5551 SW 57TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: [signature] MIGUEL J RODRIGUEZ 4/24/97 954-680-6114