

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001492470
-05/17/95 --01176 --020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000075987 (5)**

1. Corporation Name

REFLECTIONS BOUTIQUE, INC.

Principal Place of Business

2211 JAMAICA DRIVE
MIRAMAR FL 33023

Mailing Address

2211 JAMAICA DRIVE
MIRAMAR FL 33023

3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report

2. Principal Place of Business

21 12229 Pembroke Road

Suite, Apt. #, etc.

22 City & State

23 Pembroke Pines, Florida

Zip

24 33025

Country

25 Broward

2a. Mailing Address

26 12229 Pembroke Road

Suite, Apt. #, etc.

27 City & State

28 Pembroke Pines, Florida

Zip

29 33025

Country

30 Broward

4. FEI Number

X 65-0536154

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

ZUCKERMAN, CONGETTA
2211 JAMAICA DRIVE
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0705, Florida Statutes.

SIGNATURE

Congetta Zuckerman

NOTE: Registered Agent signature required when consolidating

DATE

4/29/95

12. OFFICERS AND DIRECTORS

TITLE: President/Treasurer
NAME: Congetta Zuckerman
STREET ADDRESS: 2211 Jamaica Drive
CITY ST ZIP: Miramar, Florida 33023

TITLE: Vice President/Secretary
NAME: Harold J. Zuckerman
STREET ADDRESS: 2211 Jamaica Drive
CITY ST ZIP: Miramar, Florida 33023

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY ST ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY ST ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY ST ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY ST ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ~~Vice President/Secretary~~ Change Addition
1.2 NAME: ~~Harold J. Zuckerman~~
1.3 STREET ADDRESS: ~~2211 Jamaica Drive~~
1.4 CITY ST ZIP: ~~Miramar, Florida 33023~~

2.1 TITLE: _____ Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY ST ZIP: _____

3.1 TITLE: _____ Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY ST ZIP: _____

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: *jea*
6.3 STREET ADDRESS: *S-1-95*
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)(a), 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 appointed 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:

Congetta Zuckerman

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

(305) 436-9463

TELEPHONE NUMBER