

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000075987 (5)  
1. Corporation Name  
**REFLECTIONS BOUTIQUE INC.**

Principal Place of Business Mailing Address  
12229 Pembroke Rd. 12229 Pembroke Rd.  
Pembroke Pines, Fl. 33025 Pembroke Pines,  
Fl. 33025

2. Principal Place of Business 2a. Mailing Address  
21 12229 Pembroke Road 26 12229 Pembroke Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Pembroke Pines, Fl. 28 Pembroke Pines, Fl.  
24 Zip 33025 25 Country Broward 29 Zip 33025 30 Country Broward

3. Date Incorporated or Qualified 3a. Date of Last Report  
10/17/94 4/29/95  
4. FEI Number Applied For  
65-0536154 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

Zuckerman, Congetta  
2211 Jamaica Drive  
Miramar, Fl. 33023

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 607.005, Florida Statutes.

SIGNATURE *Congetta Zuckerman*  
Signature of registered agent or officer authorized to file this statement Date: 7/30/96

12. OFFICERS AND DIRECTORS

TITLE	President/Treasurer <input type="checkbox"/> DELETE
NAME	Congetta Zuckerman
STREET ADDRESS	2211 Jamaica Dr.
CITY-ST-ZIP	Miramar, Fl. 33023
TITLE	Vice President/Secretary <input type="checkbox"/> DELETE
NAME	Harold J. Zuckerman
STREET ADDRESS	2211 Jamaica Dr.
CITY-ST-ZIP	Miramar, Fl. 33023
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100001916181  
-08/08/96--01024--021  
\*\*\*225.00

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)(k), 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: *Congetta Zuckerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/30/96  
Debit Phone # 436-946-3

CR2E034 (12/95)