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 90237 023 \*\*\*158.75

i. Corporation	MENT # MO8180 IR DESIGNERS & BOUTIQUE				£ <b>1001.00</b> 1.015	(J) <b>88</b> JJ <b>8</b> 18JJ <b>8</b> 18JJ <b>8</b> 1		<b>s</b> ij <b>9</b> 1814 ( <b>33</b> 5).
Principal Place of Business Mailing Address								
1121 CRANDON BLVD KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149						:		
KET BISCATINE	FC 33149	NET DISCATINE PL 33143			DO NOT WRIT	TE IN THIS SPA	CE	
				3	Date Incorporated or Qualifed			
					11/27/1984			
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21 26		<del></del>	<del></del>		00 <u>L 100000</u>			Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5	6. Certifcate of Status Desired	<b>•</b>	<b>3.75</b> Ad Fee Red	
22 City 9 Ctate		City & State				<u> </u>	5:00	
		28			5.—Election Gampaign Financing Trust Fund Contribution	11	Added to	,
<b>23</b> Zip	Country	Zip	Country	-	3. This corporation owes the curre	<del></del>		
24	25	29 30	¬ ·	"	Personal Property Tax.	<b>72</b> Y		□No
24	9. Name and Address of Current	_ <del></del>		10	). Name and Address of New R	Registered Agen	ıt	
			81 Name		MARIA	,		
CARRIO, MARLENE			82 Street		(P.O. Box Number is Not Accepta	able)	<del></del>	
6814 SW 82RD PLACE			511061	814	SW 83 PLACE			
MIAN	VII FL 33143		83			-		
			84 City			85	Zip C	ode
2				MINI		FL	133,	143
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Elorida. Such change was suith	へいてなん かい けりた たんげい	l corporation's b	on submits this statement for the board of directors. I hereby accep	purpose of chan of the appointmen	ging its r nt as reg	egistered istered
CHOMINETIES								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Re	egistered Agent signature	required wher		DATE		
SIGNATURE	OFFICERS AN	D DIRECTORS	egistered Agent signature		ADDITIONS/CHANGES TO OF	FICERS AND DI		
	OFFICERS AN			POI	ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTOF Change	RS IN 12
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

(Jos) 3(1-3358

.KZE034 (11/98)