


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

FILED  
May 04 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **479246** (1)  
1. Corporation Name  
**LILY COSMETIC BOUTIQUE, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>239 MIRACLE MILE<br/>MIAMI FL 33134<br/>US</b> | Mailing Address<br><b>239 MIRACLE MILE<br/>CORAL GABLES FL 33134<br/>US</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country               |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country  |  | 3. Date Incorporated or Qualified<br><b>07/17/1975</b> |  |
| 4. FEI Number<br><b>59-1611485</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | Applied For<br>Not Applicable                          |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                |  | 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 8.75 Additional<br>Fee Required                        |  |
| 9. Name and Address of Current Registered Agent<br><b>GENER, CHARLES<br/>999 BRICKELL AVE.<br/>MIAMI FL 33131</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code                |  | 5.00 May Be<br>Added to Fees                           |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|---|--|
| TITLE                      | P SAENZ, LILY      | 1.1 TITLE   |  |
| NAME                       | 2311 S. MIAMI AVE. | 1.2 NAME  |  |
| STREET ADDRESS             | MIAMI FL           | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VT SAENZ, GUSTAVO  | 2.1 TITLE   |  |
| NAME                       | 2311 S. MIAMI AVE. | 2.2 NAME  |  |
| STREET ADDRESS             | MIAMI FL           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 3.1 TITLE   |  |
| NAME                       |                    | 3.2 NAME  |  |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 4.1 TITLE   |  |
| NAME                       |                    | 4.2 NAME  |  |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 5.1 TITLE   |  |
| NAME                       |                    | 5.2 NAME  |  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 6.1 TITLE   |  |
| NAME                       |                    | 6.2 NAME  |  |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 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 recipient 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: \_\_\_\_\_

4-26-98 463-3334

CR2E034 (10/97)