SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

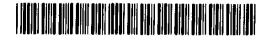
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 566475 (0)

LILY'S OF DADELAND, INC.

Principal Place of Business Mailing Address 7429 DADELAND MALL 2500 S MIAM! AVE

FILED Sep 09 1997 8:00am Secretary of State



MIAMI FL 33156 US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	3. Date Incorporated or Qualified 3a. Date of Last Repo		
					02/17/1978	08/12/1996	/12/1996	
2. Principal Place of Business		28. Mailing Address	26. Mailing Address 26 239 MIRACLE MILE		4. FEI Number		pplied For of Applicable	
Suite, Apt. #. 6	etc.	Suite, Apt. #, etc.			59-1802290	¢0.75	Additional	
22		27		5. Certificate of Status Desired		equired		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Ele		
23		28 CORAL GABLES		-/	Trust Fund Contribution		to Fees	
Zip	Country	2ip 33/34	Country	у	8. This corporation owes or has pai			
24	9. Name and Address of Curre		20 - 1 1001		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		stre de la responsable de la constante de la c	B1	Name	TO. INSINO AND AUDITOR OF THEM THE	Jistered Agent		
SAENZ, GUSTAVO 2311 S. MIAMI AVENUE								
MIAMI FL 33129				82 Street Address (P.O. Box Number is Not Acceptable)				
INITALI	16 00 120		83					
			84	City			0-4-	
			64	City		FL 85 Zip	Code	
11. Pursuant to the	the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	s, the abov	e-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing	its registered	
agent. I am f	istered agent, or both, in the Stati familiar with, and accept the obli	gations of, Section 607.0505, Flori	itriorizea b ida Statute	y the corpora s.	tion's board of directors. I hereby accep	t the appointment as	registereo	
SIGNATURE	<u></u>							
12.	nature, typed or printed name of registered a	gent and title if applicable. (NOTE: ND DIRECTORS	Registered Ag	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DC (N) 40	
	P OFFICERS AF	DELETE	1.1 THILE		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
•	SAENZ, GUSTAVO		1.2 NAME	}		change		
	2311 S. MIAMI AVE,			T ADDRESS				
	MIAMI FL		1.4 CITY-					
	V	DELETE	2.1 TITLE			☐ Change	Addition	
	SAENZ, LILY		2.2 NAME	ļ				
	2311 S. MIAMI AVE.		2 3 STREE	T ADDRESS				
	MIAMI FL		2.4 CITY-	ST-7IP				
TITLE	☐ DELETE		3.1 TITLE			☐ Change	Acdition	
NAME			3.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP TITLE	DELETE		3.4. CITY - 4.1 TITLE	SI-ZIP		Change	Addition	
NAME		المراجعة المراجعة	4. 2 NAME			onange	, 10 pm of	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-1					
TITLE	· 	☐ DELETE	51 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME	i				
·				l				
STREET ADDRESS CITY-ST-ZIP				T ADDRESS				

I do nereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes, 1 further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that tam 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, on an attachment with an address.