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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

HOUSE OF CHARMS, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I (886)\$\$ 1 11 8 881 1811 1881 8 881	ital Atali mirit asati aldit a	01 0 1 0	
14921 NW 7TH AVE. 14921 NW 7TH AVE. MIAMI FL 33168-3107 MIAMI FL 33168-3107				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
8.0					10/19/1981		
	Place of Business	2a. Mailing Address		<i>n</i> .=	4. FEI Number		Applied For
21 1492 Suite Ant	1 N. W. 4TH. A.1	5. 26 124921 N.L. Suite, Apt. #, etc.	1.774	11/1/2.	59-2155745		Not Applicable
Suite, Apt. #, etc.		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 MINMI FLOR-121		<u></u>	City & State 28 M2 18141 FLOR 12 18		Election Campaign Financing Trust Fund Contribution		
Zip			Country		8. This corporation owes or has paid the current year Intangible		
24 33/6			30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
	Du se n, rodney		B1	Name			
4310 N.W. 63 AVENUE CORAL SPRINGS FL 33067			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	778 OF THIT CO I E 00007		83	9			
			84	City		FL 85 Zip	p Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obligations.	02 and 607.1508, Florida Statutes e of Florida. Such change was au pations of Section 607.0505. Flor	s, the about thorized b	ve-named corp by the corporations	oration submits this statement for the ion's board of directors. I hereby acceptant	purpose of changing	its registered as registered
SIGNATURE							
12.	Signature, typed or printed name of registered ap	pent and title if applicable (NOTE: NO DIRECTORS	Registered Ag	ont signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	DR INI 12
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/OFIANCES TO OFF	Change	- -
NAME	POTTINGER, DOROTHY	C. Dice.	1.2 NAME			onungo	
STREET ADDRESS	14921 NW 7 AVE			1 ADDRESS			
CITY-ST-ZIP	MIAMI, FL FL 33168-3107		1.4 CITY				
TITLE		DELETE	2.1 7ITLE			Change	e Addition
NAME			2 2 NAME				ſ
STREET ADDRESS			2 3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY-	·ST-ZIP		_	ļ
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4 4 CITY-	ST-ZIP			
TITLE		DELETE	51 TITLE			☐ Change	a
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	t address			
CITY-ST-ZIP	<u> </u>		5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐] Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			6.4 CITY -				
14. I hereby o	certify that the information supplied v	with this filing does not qualify for	the exemp	otion stated in l	Section 119.07(3)(i), Florida Statutes.	I further certify that th	ne 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.