

04221444-90037-036-150.00-150.00

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90037 036 ***150.00

DOCUMENT # F96928 ✓

1. Corporation Name

ESTA'S BOUTIQUE, INC.

Principal Place of Business

ESTA MALINA

103 E Hallandale Beach Blvd.
Hallandale, FL 33009

Mailing Address

ESTA MALINA

103 E Hallandale Bch Blvd
Hallandale, FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8-25-1982

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 21205 YACHT CLUB DR
Suite, Apt. #, etc.

27 City & State

28 AVENTURA FL

29 Zip

33180

Country

30 DADG

4. FEI Number

59-2221051

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MALINA, ESTA

~~103 E Hallandale Beach Blvd~~
~~Hallandale, FL 33009~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 21205 Yacht Club Dr

84 City

Aventura

FL

85 Zip Code
33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETENAME Malina, Esta
STREET ADDRESS ~~600 3 Island Blvd 1812~~
CITY-ST-ZIP Hallandale, FLTITLE VP ☐ DELETENAME Malina, Esta
STREET ADDRESS ~~600 3 Islands Blvd 1812~~
CITY-ST-ZIP Hallandale, FLTITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS 21205 Yacht Club Dr
1.4 CITY-ST-ZIP Aventura, FL 331802.1 TITLE ☒ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS 21205 Yacht Club Dr
2.4 CITY-ST-ZIP Aventura, FL 331803.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS

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 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

Esta Malina

Date

5/25/99 9544543660

Daytime Phone #

CR2E034 (11/98)