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

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**FILED PROFIT** Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **POCUMENT** # F99733 (O) LA BIENVENUE BOUTIQUE, INC. Principal Place of Business Mailing Address 17600 COLLINS AVE. 17600 COLLINS AVE. NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2307647 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NGUYEN, TOAN 17900 N. BAY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL В3 84 City Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agreet and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1.1 TITLE Change Addition NGUYEN, TOAN NAME 1.2 NAME 17900 N. BAY ROAD STREET ADORESS 1.3 STREET ADDRESS MIAMI BEACH, FL 00000 CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change TITLE 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 C(1) - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP TITLE DELETE 41 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST - ZIP DELETE TITI F 5.1 11116 Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 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 eath; 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 13 if chapter 607 or an attachment with an address.