

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 9:00

SECRETARY OF STATE  
TALLahassee, FLORIDA

DOCUMENT # **G45976** (9)

1. Corporation Name  
**LOVELL BOUTIQUE, INC.**

Principal Place of Business Mailing Address  
**C/O ANA LOURDES PAREDES**  
**9839 S.W. 40TH ST.**  
**MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/27/1983** 3a. Date of Last Report **06/14/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **9839 S.W. 40TH ST.** 26

4. FEI Number **59-2336706** Applied For  
Not Applicable

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State **MIAMI, FL** 28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33165-3911** 25 County 29 Zip 30 County

8. This corporation has liability for franchise tax under Chapter 199, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PAREDES, ANA LOURDES**  
**9839 BIRD ROAD**  
**MIAMI FL 33165**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>VD</b>                   |
| NAME           | <b>PAREDES, JOSE</b>        |
| STREET ADDRESS | <b>9839 BIRD ROAD</b>       |
| CITY, ST, ZIP  | <b>MIAMI FL</b>             |
| TITLE          | <b>SD</b>                   |
| NAME           | <b>PAREDES, MIRTA</b>       |
| STREET ADDRESS | <b>9839 BIRD ROAD</b>       |
| CITY, ST, ZIP  | <b>MIAMI FL</b>             |
| TITLE          | <b>PD</b>                   |
| NAME           | <b>PAREDES, ANA LOURDES</b> |
| STREET ADDRESS | <b>9839 BIRD ROAD</b>       |
| CITY, ST, ZIP  | <b>MIAMI FL</b>             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |

|                   |   |
|-------------------|---|
| 14 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           |   |
| 16 STREET ADDRESS |   |
| 17 CITY, ST, ZIP  |   |
| 18 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 NAME           |   |
| 20 STREET ADDRESS |   |
| 21 CITY, ST, ZIP  |   |
| 22 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 NAME           |   |
| 24 STREET ADDRESS |   |
| 25 CITY, ST, ZIP  |   |
| 26 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 NAME           |   |
| 28 STREET ADDRESS |   |
| 29 CITY, ST, ZIP  |   |
| 30 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 NAME           |   |
| 32 STREET ADDRESS |   |
| 33 CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(7)(b), Florida Statutes. I further certify that the information included 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 responsible to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *Paredes, Jose R. Paredes, Vice-President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/95 305-559-2916