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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G45976

(9)

LOVELL BOUTIQUE, INC.

FILED Apr 21 1997 8:00am Secretary of State

Principal Place		•	Mailing Address C/O ANA LOURDES PAREDES									
MIAMI FL 3316		9839 S.W.	9639 S.W. 40TH ST.									
US		MIAMI FL	MIAMI FL 33165-3911					3. Date Incorporated or Qualified 06/27/1983]	ate of Last R	eport	
2. Principal Pi	lace of Business	2a. Mailing	2a. Mailing Address					4. FEI Number			plied For	
21		26	+ mad					59-2336706		No	t Applicable	
Suite, Apt.	#, etc.	<u></u> ⊢-1	Suite, Apt. #, etc.				1	5. Certificate of Status Desired	₽Z	\$8.75 A		
City & State	3	27 City &	City & State					6. Election Campaign Financing		\$5.00		
23		28	28					Trust Fund Contribution		Added 1		
Zip	ip Country		Zip Cou					8. This corporation has liability fo	bility for intangible tax under s. 199.032,			
24	25			30				Florida Statutes				
9. Name and Address of Current Registered Agent					7	r 	- 	10. Name and Address of New F	Registered	Agent		
	EDES, ANA LOURDES				81	Name						
9839 BIRD ROAD MIAMI FL 33185					82	2 Street Add		s (P.O. Box Number is Not Accept	able)			
MIN	MI FL 33103			ŀ	83			T				
					84	City				85 Zip (Code	
									FL	. `		
11. Pursuant 1	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508 e of Florida, Suc	3, Florida Statut h change was i	es, the at authorized	oove d by	e-named the cor	d corpor rporatio	ation submits this statement for the n's board of directors, I hereby acc	purpose c ept the app	if changing it pointment as	s registered registered	
	m tamiliar with, and accept the oblig	gations of, Soction	on 607.0505, Fi	orida Stat	utes	S.						
SIGNATURE	Signature, typed or printed name of registered ag	erc and title it applical	Je. (NOT	t : Registered	i Age	nt signatur	re required	when reinstating)	DATE			
12.		ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	MDEDEC 100E		•		1.1 TITLE					☐ Change	Addition	
NAME STREET ADDRESS	PAREDES, JOSE 9839 BIRD ROAD			1.2 NA								
CITY-ST-ZIP	EMALAL PI		i i			1.3 STREET ADDRESS 1.4 City-St-Zip						
TITLE	80				2.1 HILE					Change	Addition	
NAME	PAREDES, MIRTA			2.2 NAME			ĺ			_		
STREET ADDRESS	9839 BIRD ROAD			2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL			2. 4 CI	ITY-S	51-7IP						
TITLE	PD DELETE			•	3.1 101.6					Change	Addition	
NAME	PAREDES, ANA LOURDES			3.2 NA			1					
STREET ADDRESS	9839 BIRD ROAD MIAMI FL			1		ADDRESS						
CITY-ST-ZIP TITLE	MICHAI FL		DELETE	3.4. CI		ST - ZIP	 		·-···	Change	Addition	
NAME			L. J Delevie	4.1 In			Ì			Gridings	T Vonction	
STREET ADDRESS						ADDRESS	1				ļ	
CITY-ST-ZIP				4.4 CI								
TITLE			DELETE	5.1 111			1			Change	Addition	
NAME				5.2 NA	ME							
STREET ADDRESS				5.3 \$1	REET	ADDRESS					1	
CITY-ST-ZIP			TT 52, 22	5.4 CI		1 · ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
TITLE			DELETE	61 TH			}			☐ Change	☐ Addition	
NAME				6.2 NA	MŁ							

14. I do 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 12 or Block 13 if Chapter 607, or on an attachment with an address.