SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J49058** **(7)**

1. Corporation Name

PUTTIN ON THE RITZ GIFT SHOP INC.

Principal Place of Business	Mailing Address
401 BISCAYNE BLVD. BAYSIDE MARKET PLACE S 110 MIAMI FL 33132	PUTTIN ON THE RITZ 401 BISCAYNE BLVD. MIAMI FL 33132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/29/1986	03/01/1994

2. Principal Place of Business	2a. Mailing Address
21 APP CELEBRATIONS C/O	26 CELEBRATIONS C/O PUTTIN THE RITZ
Suite, Apt. #, etc. 22 401 BISCAYNE	Suite, Apt. #, etc. 27 401 BISCAYNE BLV S-110
City & State 23 MIAMI	City & State 28 MIAMI
Zip 24 33132 Country 25 DADE	Zip 29 33132 Country 30 DADE

4. FEI Number: 59-2766159 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MENDEZ, SERGIO L. 2151 LEJEUNE ROAD STE 301 CORAL GABLES FL 33134	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO BE FILED IN THE FUTURE	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	BUGLINO, JOHN P.	12 NAME	
STREET ADDRESS	4301 N OCEAN BLV	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BUGLINO, DEBORAH	22 NAME	
STREET ADDRESS	4000 TOWERSIDE TER #1206	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	BUGLINO, PHILIP	32 NAME	
STREET ADDRESS	4000 TOWERSIDE TER #1206	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BUGLINO, MARY ANN	42 NAME	
STREET ADDRESS	4301 N OCEAN BLV	43 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY - ST - ZIP	

CR2E034 (3/95)

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 119.07(3)(k), 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.

SIGNATURE: Philip J. Buglino 6/10/95 305 539 1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036084 CP