

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J91668 (0)

1. Corporation Name

MS. TIQUE, INC.



Principal Place of Business

1725 NORTHEAST 4TH AVE
FT. LAUDERDALE FL 33305

Mailing Address

1725 NORTHEAST 4TH AVE
FT. LAUDERDALE FL 33305

3. Date Incorporated or Qualified

09/10/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0039186

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

SCHECTER, CAROL DANESE
1725 NORTHEAST 4TH AVENUE
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

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

Signature type for printed name of registered agent (if applicable)

(Note: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SCHECTER, HOWARD
1725 NORTHEAST 4TH AVE
FT LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DANESE, MARIE
1725 NORTHEAST 4TH AVE
FT LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
DANESE, ALAN J.
1725 NORTHEAST 4TH AVE.
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
SCHECTER, CAROL DANESE
1725 NORTHEAST 4TH AVE.
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SCHECTER, CAROL DANESE
1725 NORTHEAST 4TH AVE.
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Danese Schechter, President 4/30/96

(454)
764-0089.
Daytime Phone #

CR2E034 (12/95)