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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:55

DOCUMENT # **L70400** **(1)**

1. Corporation Name

LILLIE'S ENTERPRISES INCORPORATED

Principal Place of Business	Mailing Address
1589 NW 122ND STREET MIAMI FL 33167 US	P.O. BOX 680282 MIAMI FL 33168-0282 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1990**
3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0179973** ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$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

OKPALA, MELANIE
1589 NW 122ND ST
MIAMI FL 33167

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 [illegible] 6/4/95
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS AMENDMENTS NOTATIONS	
TITLE	VST	11 TITLE	☐ Change ☐ Addition
NAME	OKPALA, MELANIE	12 NAME	
STREET ADDRESS	1589 NW 122ND ST	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	MSV	21 TITLE	☐ Change ☐ Addition
NAME	OKPALA, NKECHI	22 NAME	
STREET ADDRESS	1589 NW 122ND ST	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	OKPALA, NKEMDILIM	32 NAME	
STREET ADDRESS	1589 NW 122ND ST	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	OKPALA, CHINELO	42 NAME	
STREET ADDRESS	1589 NW 122ND STREET	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROSS, DOROTHY	52 NAME	
STREET ADDRESS	18211 NW 9TH AVE.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	ROSS, THEODORE	62 NAME	
STREET ADDRESS	14399 NE 5TH CT.	63 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH FL	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)(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 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: [illegible] 6/6/95 688-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0144765 FP