FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L75478** **(2)**

1. Corporation Name
CINDERELLA BOUTIQUE, INC.

Principal Place of Business	Mailing Address
329 MIRACLE MILE CORAL GABLES FL 33134	329 MIRACLE MILE CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **05/23/1990**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **65-0200793** ☐ 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

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

9. Name and Address of Current Registered Agent

OLANIEL, ANTONIO
329 MARACLE MILE
CORAL GABLES 33134

10. Name and Address of New Registered Agent

81 Name: OLANIEL, GILDA H.
82 Street Address (P.O. Box Number is Not Acceptable): 329 MIRACLE MILE
83 CORAL GABLES 33134
84 City: FL
85 Zip Code: 33134

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: Gilda Olaniel   GILDA OLANIEL, PRESIDENT   DATE: 4-15-96
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 OFFICERS AND DIRECTORS IN 12	
TITLE: PD ☒ DELETE NAME: OLANIEL, ANTONIO STREET ADDRESS: 329 MIRACLE MILE CITY-ST-ZIP: CORAL GABLES FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SD ☐ DELETE NAME: OLANIEL, GILDA H. STREET ADDRESS: 329 MIRACLE MILE CITY-ST-ZIP: CORAL GABLES FL		2.1 TITLE: PDT 2.2 NAME: OLANIEL, GILDA H. 2.3 STREET ADDRESS: 329 MIRACLE MILE 2.4 CITY-ST-ZIP: CORAL GABLES FL	☒ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE: VD 3.2 NAME: OLANIEL, MARCOS E. 3.3 STREET ADDRESS: 329 MIRACLE MILE 3.4 CITY-ST-ZIP: CORAL GABLES FL	☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE: SD 4.2 NAME: OLANIEL, VICTOR A. 4.3 STREET ADDRESS: 329 MIRACLE MILE 4.4 CITY-ST-ZIP: CORAL GABLES, FL	☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

900001786869
-04/19/96--01022--022
***200.00

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: Gilda Olaniel   GILDA H. OLANIEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-17-96   Daytime Phone #: (305) 442-0379

CR2E034 (12/95)

4-18-96