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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # M3539

M35396

(4)

LIANNE	ETTE LADY ACCESSORY, II	NC.				
Principal Plac	e of Business	Mailing Address			I LODIOUI ROD INIU BIIOB OINE BUNIU BRE BARA	Albei steil afait afait áibit áibit
B414 CORAL WAY					DO NOT WRITE IN TH	HIS SPACE
					3. Date Incorporated or Qualified	
2 Principal P	ace of Business	2a. Mailing Address			07/18/1986 4. FEI Number	Applied For
21	lace of Business	26 Visiting Address			59-2692713	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			78312 721			\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	<i>t</i>	8. This corporation owes or has paid the	current year Intangible
24	9. Name and Address of Curren	29 29 Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	
GC	ONZALEZ, MARGARITA		81	Name		
	10 SW 99TH CT		82	Stroot Ad	dress (P.O. Box Number is Not Acceptable)	
	AMI FL 33165		02	Stieet Aut	dress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
						-L
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	tes, the abov authorized b	e-named cor v the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statute	S.	,,	approximation to registrate
SIGNATURE	Signature, typed or printed name of registered age	Tipe	17 Tr		DA Davius when reinstating)	,
12.	OF LICERS AN		13.	eut sithista.c. indi	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	GONZALEZ, MARGARITA		1.2 NAME			
STREET ADDRESS	1710 SW 99TH CT		1.3 STHEET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5	ST - ZIF		
TITLE		DELETE 2.1				Change Addition
NAME			2.2 NAME			e .
STREET ADDRESS			2.3 STREET	ļ		
CHY-ST-ZIP TITLE		DFLETE	2. 4 CITY - 3.1 TITLE	S1-21P		Change Addition
NAME		C CALCULE	3.1 TITLE 3.2 NAME			L Change L Radiion
STREET ADDRESS			3 3 STREET	ANDRESS		
CITY-ST-ZIP			3 4. City -			
TITLE		DELFTE	4.1 THILE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREFT	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 9	iT - ZIP		
TITLE		Deutie	5.1 TITLE	(Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRECT			
CITY-ST-ZIP TITLE		DELETÉ	5.4 CITY - 5 6.1 TITLE	I-ZIP		Change Addition
NAME		L. DECERT	6.2 NAME			C outside C Value(soll
STREET ADDRESS			6.3 STRELT	ADORESS		
CHY-ST-ZIP			64 CHY-S	1		

14. I 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 changed or on an attachment with an address.

OLONIA TUDE

ranjanta Journes

1-6-98

FILED

Jan 20 1998 8:00am

Secretary of State