

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M57878**

(4)

1. Corporation Name

RANI'S BOUTIQUE, INC.

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 09/01/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0010786	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 is not eligible for exchange tax under G. 190.002, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

MERALI, ZAHIR
3432 MAIN HWY.
MIAMI FL 33133

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 607.05(2) and (2)(7), 190B, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. TITLE	12b. NAME	13a. TITLE	13b. NAME
12c. STREET ADDRESS	12d. CITY, STATE, ZIP	13c. STREET ADDRESS	13d. CITY, STATE, ZIP
12e. TITLE	12f. NAME	13e. STREET ADDRESS	13f. CITY, STATE, ZIP
12g. STREET ADDRESS	12h. CITY, STATE, ZIP	13g. TITLE	13h. NAME
12i. TITLE	12j. NAME	13i. STREET ADDRESS	13j. CITY, STATE, ZIP
12k. STREET ADDRESS	12l. CITY, STATE, ZIP	13k. TITLE	13l. NAME
12m. TITLE	12n. NAME	13m. STREET ADDRESS	13n. CITY, STATE, ZIP
12o. STREET ADDRESS	12p. CITY, STATE, ZIP	13o. TITLE	13p. NAME
12q. TITLE	12r. NAME	13q. STREET ADDRESS	13r. CITY, STATE, ZIP
12s. STREET ADDRESS	12t. CITY, STATE, ZIP	13s. TITLE	13t. NAME
12u. TITLE	12v. NAME	13u. STREET ADDRESS	13v. CITY, STATE, ZIP
12w. STREET ADDRESS	12x. CITY, STATE, ZIP	13w. TITLE	13x. NAME
12y. TITLE	12z. NAME	13y. STREET ADDRESS	13z. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from Chapter 190, Florida Statutes. I further certify that this filing complies with the annual report or supplemental annual report requirements and are complete and that my corporation shall have the same legal effect as if made in accordance with the provisions of the corporation or the relevant trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1, or Block 1, if changed, on an attachment with an address.

SIGNATURE: *Zahir Merali* X4/30/95 305-448-0567