

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

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M63246 (6)

1. Corporation Name
BOUQUETTE, INC.



Principal Place of Business P.O. BOX 528042 MIAMI FL 33152-8042	Mailing Address P.O. BOX 528042 MIAMI FL 33152-8042
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1351 NW 78th Ave		2a. Mailing Address 26 1351 NW 78th Ave		3. Date Incorporated or Qualified 12/03/1987
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2161901
23 City & State Miami FL		28 City & State Miami FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33126		29 Zip 33126		30 Country
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MILMAN, RALPH A
7732 CAMINO REAL
STE. F-403
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name **Wesley J Allen**
82 Street Address (P.O. Box Number is Not Acceptable)
1351 NW 78th Ave
83 **Miami FL 33126**
84 City **FL** 85 Zip Code **33126**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Wesley J Allen* **Vice President** DATE **4/24/98**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MILMAN, RALPH	<input type="checkbox"/> DELETE
STREET ADDRESS 7732 CAMINO REAL, F-403	CITY-ST-ZIP MIAMI FL 33143	
TITLE D	NAME KOBLER, BEATRICE	<input type="checkbox"/> DELETE
STREET ADDRESS 8621 S.W. 116TH PLACE	CITY-ST-ZIP MIAMI FL 33173	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1351 NW 78th Ave
1.4 CITY-ST-ZIP	Miami FL 33126
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	908 OBISPO
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 *Wesley J Allen* DATE **4/24/98**

CR2E034 (10/97)