FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000031396 (3)

1. Corporate Name

THE WRITE BOUTIQUE, INC.

Principal Place of Business

19595 N.E. 10TH AVENUE
BLDG. 5
NORTH MIAMI BEACH FL 33179
US

Mailing Address

19595 N.E. 10TH AVENUE
BLDG. 5
NORTH MIAMI BEACH FL 33179
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0407140 — 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 (21–30): Suite, Apt #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

ZUCKERMAN, SHELLIE
2080 NE 205TH ST
NORTH MIAMI BEACH FL 33179

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	ZUCKERMAN, SHELLIE	NAME	
STREET ADDRESS	2080 NE 205TH ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	~~DV~~	TITLE	DV ☒ Change ☐ Addition
NAME	~~GOLDMAN, JOANN~~	NAME	GOLDMAN JOANN
STREET ADDRESS	~~20191 E. COUNTRY CLUB DRIVE~~	STREET ADDRESS	800 - THREE ISLAND BLVD
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~	CITY-ST-ZIP	HALLANDALE, FL
TITLE	DST	TITLE	☐ Change ☐ Addition
NAME	LABATON, GAIL	NAME	
STREET ADDRESS	1810 N.E. 193RD STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: JoAnn Goldman 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0199830 CP