

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 # P93000031396 (3)

1. Corporation Name

THE WHITE BOUTIQUE, INC.



Principal Place of Business

Mailing Address

18595 N.E. 10TH AVENUE
BDDG. 5
NORTH MIAMI BEACH FL 33179
US

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BDDG. 5
NORTH MIAMI BEACH FL 33179
US

3. Date Incorporated or Qualified
04/27/1993

3a. Date of Last Report
05/10/1995

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 19002 W. Dixie Hwy
Suite, Apt. #, etc.

26 19002 W. Dixie Hwy
Suite, Apt. #, etc.

City & State

23 No. Miami Beach, FL

City & State

28 No. Miami Beach, FL, &

Zip

24 33100-2638 25 USA

Zip

29 33180-2638 30 USA

9. Name and Address of Current Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME ZUCKERMAN, SHELLIE
STREET ADDRESS 2080 NE 205TH ST
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE DV ☐ DELETE
NAME GOLDMAN, JOANN
STREET ADDRESS 800 - THREE ISLAND BLVD.
CITY-ST-ZIP HALLANDALE FL

TITLE DST ☐ DELETE
NAME LABATON, GAIL
STREET ADDRESS 1810 N.E. 193RD STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

700001837947
-05/24/96--01023--015
***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 claimed, or on an agreement with an address.

SIGNATURE

JOANN GOLDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96
Date

928-3435
Telephone Number

SG-5-1-96

CR2E034 (12/95)