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

PROFIT **CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000060902 (2)

**BOUVARDIA LIMITED, INC.** 

Principal Place of Business Mailing Address

## **FILED** Feb 27 1998 8:00am Secretary of State



16485 COLLINS AVE #835		16485 COLLINS AVE #935			
MIAMI BEACH FL 33160		MIAMI BEACH FL 33160		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
<u> </u>				08/30/1993	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0448932	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]			Fee Required
City & Stat	10	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip	Country	[28]   Zip	Country		Added to Fees
24	}η ´	)····· 1	30	This corporation owes or has paid the cur     Personal Property Tax due June 30.	Tent year Intangible  Yes No
24	25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26		30]	10. Name and Address of New Registered	
HOTH & MILNE					
	50 S DIXIE HWY		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PH II					
MIA	MI FL 33156				
			84 City	FI	85 Zip Code
44 Durawant	to the provisions of Sections 607 866	22 and 607 1509 Florida Statuto	s the above named cor		changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.					
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered ag	MOTE MAIN THE PROPERTY AND THE PROPERTY	Registered Agent signature requ	uired when reinstating) DATE	
12.		D DIRECTORS	1 13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TATLE	7.001110/10/01/1/10/20 70 01/70/21/07/11	☐ Change ☐ Addition
NAME	NAGEL, EDWIN	<del></del>	1.2 NAME		
STREET ADDRESS	16485 COLLINS AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL		1.4 CITY-ST-ZIP		•
TITLE	Miram BOH: 12	DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		•
STREET ADDRESS	}		2.3 STREET ADDRESS		
CITY-ST-ZIP	1		2.4 CITY-ST-ZIP		
TITLE	<del> </del>	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	ļ		3 3 STREET ADDRESS		
CITY-ST-ZIP	ŀ		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS	}		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-SY-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	<del> </del>	☐ DELETE	6.1 TITLE		Change Addition
NAME	]		6.2 NAME		
STREET ADDRESS			6.3 STACET ADDRESS		
			6.4 CITY-ST-ZIP		
City-St-ZiP	Leadily that the information supplied w	vith this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes, I further ce	rtify that the information
14. Thereby 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in					
officer or director of the corporation of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on argulatehment with an address.					