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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P9300	00081511 (6)			
	RIUS BOUTIQUE INC.	` '		1	
ACOAL	ilos bootigat inc.			e toutener lin imine selet datel knift koren enter ante:	16004 aures (1866 (1871 1881
Principal Place of Business		Mailing Address			##### 01(0) 12 <b>0%</b>    #01 #001
2607 MARION DRIVE		2607 MARION DRIVE			
FORT LAUDERDALE FL 33316		FORT LAUDERDALE FL 33316			
				DO NOT WRITE IN THIS S	PACE
				3. Date Incorporated or Qualified	
C. Discoul Discoul Discoul		Go Maille - Artringo		11/29/1993 4. FEI Number	
2. Principal Place of Business		2a. Mailing Address		65-0451213	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	ent year Intangible
24	25	29	30		Yes No
				10. Name and Address of New Registered A	gent
LERNER, BETTYE			81 Name		
2601 MARION DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33316					
			83		
			84 City	<del></del>	85 Zip Code
			1 1 '	F <u>L</u>	LI ' I
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statuti	es, the above-named corp	poration submits this statemen	monding its registered
agent. I a	as femiliar with a sea a self-state.	ons of, Section 607.0505, Flo	orida Statutes.	,	- [-
SIGNATURE		İ			
40	•		E: Registered Agent signature require		DIDECTORS IN 40
TITLE	p	DIRECTORS	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	Lerner, Bettye		1,2 NAME	•	
STREET ADDRESS	2601 MARION DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	711 0 100 2110 112 1 0	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	1	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY~ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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 - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
Street Address.			5.3 STREET ADDRESS		ļ
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	1	Change Addition
NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C/TY-ST-Z/P		

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 attactionent with an address.

SIGNATURE:

**FILED** 

Jan 15 1998 8:00am

Secretary of State