

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

55 MAY 20 11 00 AM '95

DOCUMENT # **P93000087785 (0)**

1. Corporation Name  
**MARIA-ROBERTA BOUTIQUE, INC.**

Principal Place of Business Mailing Address  
**1101 BRICKELL AVE SUITE 900 MIAMI FL 33131**  
**4000 TOWERSIDE TERR APT. 1209 MIAMI FL 33138 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/22/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0458638** 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 2550 E. SUNRISE Blvd** **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 GALLERIA MALL** **27**

City & State City & State  
**23 FT. LAUDERDALE** **28**

Zip Country Zip Country  
**24 33138** **25 FL** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RESTA, ROBERTA**  
**4000 TOWERSIDE TERR. #1209**  
**MIAMI FL 33138**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>
NAME	<b>RESTA, ROBERTA</b>
STREET ADDRESS	<b>4000 TOWERSIDE TERR. APT 1209</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>
TITLE	<b>DVS</b>
NAME	<b>FEDELE, PATRIZIA</b>
STREET ADDRESS	<b>4000 TOWERSIDE TERR. APT 1209</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(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 changed, or on an attachment with an address.

SIGNATURE:

*Roberta Resta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERTA RESTA** **MAY 23, 95** **(305) 561-4080**