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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000004771 (9)

BOTANICA OCHUN BY BETTY INC.

Principal Place of Business

Mailing Address

280 S.W. 107TH AVE

FILED

97 JUN -2 AM 7: 19

SECRETARY OF STATE TALLAMASSEE, FLORIDA



MIAMI FL 33174		MIAMI FL 33174-1420				
					3. Date Incorporated or Qualified 01/20/1994	3a. Date of Last Report 08/07/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	. 4		65-0468420	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & City	City & State			Fee Required
	l o	├ ─────			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Countr	v	Trust Fund Contribution	
24	25	29	30	,	8. This corporation has liability for in	ntangible tarunder s. 199.032,
-71	9. Name and Address of Cur		1301		10, Name and Address of New Re	
GUI	ERRERO, JOAQUINA B		81	Name		
280 S.W. 107TH AVE.					(0.0 Pa. N	1- \
	MI FL 33174		B2 Street A		ddress (P.O. Box Numbor is Not Acceptable) 1 1 2 3 1	
					****165	5.00 ****165.00
			84	City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both in the St	0502 and 607, 1508, Florida Statu late of Florida, Such change was	utes, the above authorized b	l re-named cor y the corpora	poration submits this statement for the pition's board of directors. Thereby accept	urpose of changing its registered at the appointment as registered
agent. I a SIGNATURE	im familiar with, and accept the ob	Digations of, Section 607.0505. F	lorida Statute	S.	,	
	Signature, typed or printed name of registered			cet signature requ	iired when roinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD IOAGUINA D	L] DELETE	1.1 701.6			Change Addition
NAME	GUERRERO, JOAQUINA B		1.2 NAME			
STREET ADDRESS	,280 S.W. 107TH AVE.			1 ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174	POLITE	1.4 CITY-	\$1 - 7(P		Down District
TITLE	vice President	☐ DELITE	2111111			Change Addition
NAME	Lisbet Vargas Gue	erreno	2.2 NAME			
STREET ADORESS	ABA CHILINE BUD			T ADDRESS		
CITY-ST-ZIP TITLE	MIA FIG	L 3317Y □ DELETE	2.4 CITY -	ST - ZIP		Change Addition
		U DELCTE	3.1 10116			Change Audition
NAME			3.2 NAME			
STREET ADORESS				T ADDRESS		
CITY-ST-ZIP TITLE	DUETE		3.4. CITY- 4.1 TITEE	\$1-712		Change Addition
						Change Addition
NAME OVERTER ADDRESS			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP WITLE		DELETE	4.4 CHY - 3 5.3 TITLE	S1 · ZIP		Change Addition
NAME		ottere				Change Addition
			5.2 NAME	T ADDADLED		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY-1	ST-74P		Change Addition
		LJ DELETE	61 TITLE		$\sim 10^{\circ}$	
NAME STREET APPROCES		_	6.2 NAME		- 7°	-2-97
STREET ADDRESS		/		1 ADDRESS	6.	・と - フ /
CITY-ST-ZiP	l <i>1</i>	//	6.4 CITY - 5	ST - ZIP	V	

I do hereby certify that the information supplied with this rung 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 export or supplemental innual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the control of the received in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the co appears in Block 12 or Block 13 4/na/a1