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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400004771 (9)

BOTANICA OCHUN BY BETTY INC.

Principal Place of Business

Mailing Address

## FILED Apr 22 1998 8:00am Secretary of State



1 THE PARTY TO SE						<b>\</b>			
280 S.W. 103 Miami Fl 33		280 S.W. 107TH AVE. MIAMI FL 33174				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	- NOL		
ſ						<b>1</b>		1	
2. Principal Place of Business 2e. Mailing Address						01/20/1994 4. FEI Number		pplied For	
	Idea of Boshiess						-	ot Applicable	
Suite, Apt.	# No	Suite, Apt. #, etc.				65-0468420			
22		27				5. Certificate of Status Desired	Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution			
Zip	Country	Zip	Country			8. This corporation owes or has paid the curre	- ' -		
24	25   29   30   9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes No					
		Hegistered Agent		81	Name	10. Name and Address of New Registered A	gent		
Guerrero, Joaquina B					of Name				
	0 S.W. 107TH AVE. AMI FL 33174		82		Street Ad	dress (P.O. Box Number is Not Acceptable)			
****	7 WILL OF 17 7			83			<del></del>		
				84	City	FL	<b>85</b> Zip	Code	
44 Daraman	to the accidions of Costings COT 0500	and CO7 1500 Florida Ptat.	don the o			orporation submits this statement for the purpose of	abanaina	ita regintered	
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorize	d by	the corpor	ration's board of directors. I hereby accept the appo	shanging sintment as	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				puired when reinstelling) DATE					
Signature, typed or prinled name of registered agent and little if applicable (NOTE Registere  12. OFFICERS AND DIRECTORS  13.				a Age	ni signature rec	quired when reinstelling)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ŘS IN 12	
TITLE	PD	DELETE 1.1 TO				······································	Change	Addition	
NAME	QUERRERO, JOAQUINA B	1.2 N				·			
							18		
STREET ADDRESS	280 S.W. 107TH AVE.		1.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·			[	
CITY-ST-ZIP				1.4 CITY-ST-ZIP		······································	Change	Addition	
TITLE					}	'	change	C) Vogition (	
NAME	GUERRERO, LISBET VARGAS			22 NAME					
STREET ADDRESS	280 S.W. 107TH AVE.				address			1	
CITY-ST-ZIP	MIAMI FL 33174			2 4 CITY-ST-ZIP			Change	Addition	
TITLE		DELETE	3.1 7/				Change	Addition	
NAME			3.2 N/						
STREET ADDRESS					ADDRESS				
CHTY-ST-ZIP			3.4. C		T-ZIP				
TITLE		☐ DELETE	4.1 TO			· ·	Change	☐ Addition	
NAME			4. 2 N	AME	Ì			)	
STREET ADDRESS			4.3 ST	REET	ADDRESS			7	
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP				
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NAME			5.2 NA	AME			K	1, 25 L	
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CITY-ST-ZIP			5.4 CI	TY~S	T-ZIP			= \	
TITLE		DELETE	6.1 TO	TLE		00000249689	11 Change	Addition	
NAME			6.2 N/	MĖ	1	-04/22/980108301	4	i	
STREET ADDRESS			6.3 ST	REET	ADDRESS	***150.00	•	ļ	
CITY-ST-ZIP			6.4 CI			The state of the s			
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14. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if cyanged or prinn attachment with an address.

SIGNATURE SELECT &

3/11/98

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