

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000029064 (9)

1. Corporation Name

IDA-BELLE'S, INC.



Principal Place of Business

6845 SW 64 ST.  
MIAMI FL 33143

Mailing Address

6845 SW 64 ST.  
MIAMI FL 33143

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RUDERMAN, ARLYNE B  
6845 SW 64 ST.  
MIAMI FL 33143

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.012(2) 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 Sections 607.012(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	NAME	D RUDERMAN, ARLYNE B	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	6845 SW 64 ST.	
12.3	CITY, ST, ZIP	MIAMI FL 33143	
12.4	TITLE		<input type="checkbox"/> DELETE
12.5	NAME		
12.6	STREET ADDRESS		
12.7	CITY, ST, ZIP		
12.8	TITLE		<input type="checkbox"/> DELETE
12.9	NAME		
12.10	STREET ADDRESS		
12.11	CITY, ST, ZIP		
12.12	TITLE		<input type="checkbox"/> DELETE
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY, ST, ZIP		
12.16	TITLE		<input type="checkbox"/> DELETE
12.17	NAME		
12.18	STREET ADDRESS		
12.19	CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	TITLE	
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	TITLE	
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	TITLE	
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	TITLE	
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of de-fair Section 119.07(9)(b), 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 the address.

SIGNATURE X

*Arlyne Ruderman*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ARLYNE RUDERMAN*

CR2E034 (12/95)