SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 SEP 16 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032761 (5)

1. Corporation Name
GIFT & LINGERIE BY ALEXANDER BLOSSOM, INC.

Principal Place of Business
11826 NW 10TH AVE
MIAMI FL 33168

Mailing Address
11826 NW 10TH AVE
MIAMI FL 33168

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report: 7/1/96
4. FEI Number: 59-[illegible]3313407 ☐ 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
21: 13995
22 Suite, Apt #, etc.: N.W. 7 AVE
23 City & State: miami FIA 33167
24 Zip: 33167
25 Country: USA

2a. Mailing Address
26: 1325
27 Suite, Apt #, etc.: N.W 123 ST
28 City & State: miami FIA
29 Zip: 33167
30 Country: USA

9. Name and Address of Current Registered Agent
CLARKE, IONA
11826 NW 10TH AVE
MIAMI FL 33168

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

900001961059
-10/01/96--01120--006
****225.00 ****225.00

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: Iona Clarke — 7/29/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IONA CLARKE, 1325 N.W 123 ST, miami FIA 33167, President	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President; Colin Clarke; 1325 NW 123RD ST; MIAMI FL 33167; Treasurer	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; CLARKE, KAREN; 1325 NW 123RD ST; MIAMI FL 33167; S = Secratary	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Raphael Clarke	☑ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ZENNA CLARKE	☐ Change ☑ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	John Harrell	☑ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	CHRISTOPHER CLARKE, 1325 N.W 123 ST, miami FIA 33167, Chairman	☐ Change ☑ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Jeffery Deacers, 1325 N.W 123 ST miami FIA 33167, Managing Director	☐ Change ☑ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Ozzla Clarke, 1325 N.W 123 ST, miami FIA 33167, Chairman	☐ Change ☑ Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Iona Clarke — 7/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (3/96)