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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

P95000057759 (9)

Mailing Address

ANTOINETTE EXPANDS, INC.

3025 NE 188 ST 3025 NE 188 ST N MIAMI BEACH FL 33180 N MIAMI BEACH FL 33180 3a. Date of Last Report 3. Date Incorporated or Qualified 07/26/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DEL PERCIO, ANTOINETTE 3025 NE 188 ST 63 N MIAMI BEACH FL 33180 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) (12/95)Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition DELETE 1. 1 TITLE TITLE CR2E034 1.2 NAME DEL PERCIO, ANTOINETTE NAME 1.3 STREET ADDRESS 3025 NE 188 ST STREET ADDRESS 1.4 CITY - ST - ZIP N MIAMI BEACH FL 33180 ☐ Addition CITY - ST - ZIP Change DELETE 2. 1 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREE1 ADDRESS 2.4 CITY - ST - ZIP CHTY-ST-ZIP ■ Addition Change DELETE 3 1 TITLE TITLE NAME 3.3. STREET ADDRESS STREET ADDRESS 3 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME

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 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 certify 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 Florida 124 or Florida Statutes. appears in Block 12 or Block

FICER OR DIRECTOR

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIF

6.1 TITLE

62 NAME

4.4 CITY-ST-ZIP

5 1 TITLE 5.2 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CiTY-ST-ZIP

NAME

TITLE

NAME

FILED

Secretary of State

Apr 29 1996 8:00 am

Change

Change

Addition

Addition