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

CORPORATION Sandr ANNUAL REPORT Secre				ARTMENT OF STATE a B. Mortham stary of State F CORPORATIONS				
DOCUN 1. Corporation	1ENT # P9500	0074369 (6)						
LONIQU	E'S BOUTIQUE, INC.					1 150 A DA HIO ARUBA GURU BENK BURA		
Principal Place	of Business	Mailing Address					13/11 83/16 168/1 8/844 11/10 8/1/1 18/1 18/1	
1030 NW 42ND ST Miami FL 33127		1030 NW 42ND ST MIAMI FL 33127						,
						3. Date Incorporated or Qualified 09/25/1995	3a. Date of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FFI Number	Applied For	
21		26				65-061414	Not Applicab	le
Suite, Apt. #	, etc	Suite, Apt #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Stale				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country	Zιρ		untry		' '	or intangible tax under s. 199 032.	
24	9. Name and Address of Curre	nt Registered Agent	30	Τ		Florida Statutes 10. Name and Address of New F	Yes X No Registered Agent	-
		in registered regent		81 1	Vame		<u> </u>	
LANIER, LOIS J 1030 NW 42ND ST					Street Add	dress (P.O. Box Number is Not Accept	able)	
MIAMI FL 33127				00				
				83				
				84 (	City		FL 85 Zip Code	
l office out of	o the provisions of Sections 607.05 gistered agent or both, in the State n familiar with, and accept the oblig	e of Francia. Such change was a	authorizei	ด by m	amed cor o corpora	poration submits this statement for the floor's board of directors. I hereby acce	purpose of changing its registered	
SIGNATURE								_
	Signature typed or periodicanie of mijubredia; OF GIOTERS, Al	gent and title if applicable (NC NO DIRECTORS	TE Hegesten		signature requ	and when renistating)  ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	<sub>@</sub>
12.	D OFFICE.NS A:	DELETE		DILE		10011010,0111102010	Change Additi	3 3 CR2E034 (3/96)
NAME	LANIER, LOIS J		1.21	NAME				2
STREET ADDRESS	1030 NW 42ND ST		133	STREET AC	DAESS			Ä
CITY - ST - ZIP	MIAMI FL 33127	2000		CITY-ST-	ZIP		Change Add-t	j
TITLE		DELETE		TITLE			Change Auto	','''
NAME				NAME STREET AL	nocce			
STREET ADDRESS				CITY - ST-	1			
CITY-ST-ZIP TITLE		DELETE		TITLE	2.11		Change Addit	on
NAME			32	NAME				
STREET ADDRESS			3.3	STREET AL	DORESS			
CITY - ST - ZIP				CITY-ST	· ZIP		T Comment I Make	
TITLÉ		DELETE		TITLE			Change Add-t	.011
NAME				NAME	000500			
STREET ADDRESS				STREET AL CITY - ST -				
CITY-ST-ZIF TITLE		DELETE		TITLE			Change Addit	-on
NAME				NAME				
STREET ADDRESS				STREET A	DOKESS			
CITY - ST - ZIP			5.4	C-TY-ST-	ZIP			
TITLE		DELETE	61	†IT ( F			Change Addi	100
NAME				NAME				
STREET ADDRESS			6.3	STREET A	DORESS			

64 CITY-ST-ZIF

14. If do hereby certify that the information supplied with this filing is voluntarily turnished 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 out, that I am an office 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 for Block 13 if hanged, or on an attachment with an address

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

To be a supplying the province of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if hanged, or on an attachment with an address

SIGNATURE

To be a supplying the province of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if hanged, or on an attachment with an address

SIGNATURE

SIGNATURE

To be a supplying the province of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes I for the corporation of the supplying the supply

6 4 City - St - ZIF

STREET ADDRESS

CITY - ST - ZIP

7-15-96 305 635-2774