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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000086298 (3)

LOVE YURAH HAT CHANA BOUTIQUE, INC.

Principal Piace of Business	Mailing Address
4433 NORTH BAY ROAD	4433 NORTH BAY ROAD
MIAMI BEACH FL 33140	MIAMI BEACH FL 33140-2858

FILED Apr 04 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 11/09/1995 3a. Date of Last Report 07/23/1996				
2. Principa Pi	lace of Business	2a. Mailing Address				4. FEI Number Ap		oplied For	
21		26	·			65-0618827	65-0618827 Not A		
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ	Country	Zip	Cour	atry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 30 S. Name and Address of Current Registered Agent				 	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
7110				81	Name	10. Name and Address of New Registers	id Agent		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD					Name				
343 ALMERIA AVENUE CORAL GABLES FL 33134				82	Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	<u> </u>				
					City	F	85 Zip	Code	
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	Signature, typiid or printed name of registered agent	and tele if applicable (NO1	E Registered	Agent	Bignature requ	uired when reinstating) DATE			
12.	OFFICERS AND		13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
MILE	PD	DELETE	1.1 TIT	LE			Change	Addition	
NAME	MAYBERG, JUDITH	i, JUDITH 12		ME .)			į	
STREET ADDRESS			1.3 ST	REET A	DORESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140	AMI BEACH FL 33140			ZIP				
TIFLE	V	DELETE	2.1 111	LE			Change	Addition	
NAME			2.2 NAJ	2.2 NAME				ļ	
STREET ADDRESS			2.3 \$1	2.3 STREET ADDRESS]	
CITY-ST-7IP			2 4 (3)		- ZIP				
TITLE	S DELETE		31717	31 TITLE			☐ Change	Addition	
NAME	MAYBERG, SCHNEUR ZALMAN		3.2 NA	3.2 NAME]	
STREET ADDRESS	4433 NORTH BAY ROAD		3.3 STF	3.3 STREET ADDRESS					
CITY-S1-7IP	MIAMI BEACH FL 33140			3.4. CITY-ST-ZIP					
TIBLE	T DELETE			LE			L Change	Addition	
NAME	MAYBERG, MENACHEM M			. 4. 2 NAME				}	
STREET ADDRESS	4433 NORTH BAY ROAD MIAMI BEACH FL 33140				DDRESS			ļ	
CiTY - S1 - ZiP	MIAMI DEAUTI FL 3314U	Deter	4.4 CIT		ZIP		7 05-5	4.2366	
THLE		☐ D€LETE	5.1 TITI		1		Change	Addition	
NAME DEUTET ADDRESS			5.2 NAI						
STHEFT ADDRESS			•		DDRESS			ļ	
CITY+ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		ZIP		Change	Addition	
NAME			6.2 NA				FITT CHRINGS	ווסיוונטרי וויין	
STREET ACORESS					DDOLCC)	
i					DDAESS (
14. I do hereb	by certify that the information supplied	with this filing does not quali	6.4 CIT fy for the e	axem	otion state	ed in Section 119.07(3)(i), Florida Statutes. I furt	her certify that	the	
informatio	on indicated on this a mual report or su fficer or director of the corporation or the	pplemental annual report is the receiver or trustee empower	rue and a	CONTR	ate and the	at my signature shall have the same legal effect ort as required by Chapter 607, Florida Statutes	as if made un	der oath; that	