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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008499 (1)

ALL OCCASIONS BOUTIQUE, INC.

Principal Place of Business	Mailing Address
WANTEL 33156	MANUFL 80150

FILED Apr 17 1998 8:00am Secretary of State



2. Principal Place of Business 21 6400 GRANADA BLVD 20 20 Suite, Apt. #, etc.	SR 75 Add	
21 6400 GRANADA BIVD 20	4. FEI Number Applie 65-0636571 Not A	
21 6400 GRANADA BIVD 20	65-0636571 Not A	
Suite, Apt. #, etc.	SR 75 Add	
Suite, Apt. #, etc.	58.75 Add	pplicable
27	5. Certificate of Status Desired Fee Requi	
City & State Cables FL 28	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	8. This corporation owes or has paid the current year Intang	jible
<u> </u>	Personal Property Tax due June 30. 📅 Yes 🔲 No	
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
SUAREZ, MYRNA Parme		
6840 S.W. 128TH STREET 82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33156		
83		
84 City	lat 75 0-	to
eq City	FL 85 Zip Cod	ю
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporate or registered agent, or both, in the State of Florida, Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	poration submits this statement for the purpose of changing its retion's board of directors. I hereby accept the appointment as reg	gistered istered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required).	red when reinstating) DATE	
12. OF IGERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF	N 12
TITLE DELETE 1.1 TITLE	☐ Change ☐	Addition
NAME SUAREZ, LEONOR M 1.2 NAME		N 12 Addition
STREET ADDRESS % 6840 S.W. 128TH ST. 1.3 STREET ADDRESS)
CITY-ST-ZIP MIAMI FL 33156 1.4 CITY-ST-ZIP		}
TITLE D DELETE 2.1 TOLE	Change	Addition
NAME SUAREZ, MYRNA 22 NAME		
STREET ADDRESS % 6840 S.W. 128TH ST. 2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33156 2.4 CITY-ST-ZIP		
TITLE DELETE 31 TITLE	· Change	Addition
NAME 3.2 NAME		
STREET ADDRESS 3.3 STREET ADDRESS		1
CITY-SI-ZIP 3.4. CITY-SI-ZIP		1
TMLE DELETE 4.1 TITLE	· Change	Addition
NAME 4.2 NAME		į
STREET ADDRESS 4.3 STREET ADDRESS		İ
CITY-ST-ZIP 4.4 CITY-ST-ZIP		Į
TITLE DFLETE 5.1 TITLE	Change	Addition
NAME 5.2 NAME		İ
STREET ADDRESS 53 STHEET ADDRESS]
CITY-ST-ZIP 5.4 CITY-ST-ZIP		į
TITLE DELFTE 6.1 TITLE	☐ Change ☐	Addition
NAME 62 NAME		{
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-S1-ZIP		{
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this annual report or supplemental annual report is true and accurate and that my signature.	Section 119.07(3)(i), Florida Statutes. I further certify that the info	ormation
indicated on this annual report or supplemental armual report is true and accurate and that my signatu officer or director of the corporation or the receiver or trusted empowered to execute this report as requested to execute the report as requested to execute the report as requested to execute the report as requested to execute the report as requested to execute the request	re shall have the same legal effect as if made under oath; that I a uired by Chapter 607, Florida Statutes; and that my name appea	am an rsin