

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 MAR 19 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000031603*

1. Corporation Name

Mona Lisa 4 ave, Inc.

MUE

Principal Place of Business

Mailing Address

412 S.W. 4 Terrace
Hallandale, Fl. 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		April 11, 1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0664878	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jeannine Bouthillier
412 S.W. 4 terrace
Hallandale, Fl. 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *Jeannine Bouthillier* Jeannine Bouthillier, President 3/16/98

(Signature typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	President	1.1 TITLE	
NAME	Jeannine Bouthillier	1.2 NAME	
STREET ADDRESS	412 SW 4 Terrace	1.3 STREET ADDRESS	700002464217--8
CITY-ST-ZIP	Hallandale, Fl. 33009	1.4 CITY-ST-ZIP	-03/20/98--01121--005
TITLE	Secretary	2.1 TITLE	****750.00 ****750.00
NAME	Jeannine Bouthillier	2.2 NAME	
STREET ADDRESS	412 S.W. 4 Terrace	2.3 STREET ADDRESS	700002464217--8
CITY-ST-ZIP	Hallandale, Fl. 33009	2.4 CITY-ST-ZIP	-03/20/98--01121--005
TITLE	Treasurer	3.1 TITLE	****150.00 ****150.00
NAME	Jeannine Bouthillier	3.2 NAME	
STREET ADDRESS	412 S.W. 4 Terrace	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hallandale, Fl. 33009	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT

97-98

SL 3-20-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeannine Bouthillier* Jeannine Bouthillier, President

3/16/98 (954) 454-7578

Date

Daytime Phone #

CR2E034 (10/97)