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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

P96000037098 (6)

FILED

Jan 27 1998 8:00am

Secretary of State

HANDBAG HAVEN & FINE PHAGHANCES, INC.					
Principal Plac	e of Business	Mailing Address		<u>-</u>	PB 100 11111 16911 88778 18791 1811 1881
,				1	
	inriŝe blyd Rdale fl 33311	9705 STARBUST	69.		
				DO NOT WRITE IN T	HIS SPACE
J				3. Date Incorporated or Qualified	
		1- 11-		04/30/1996	
	Place of Business	26 B211 W. E	ROWARD Bu	A. FEI Number	Applied For
Suite, Apt.	# etc	Suite Ant # etc	POUP IN DO	65-0664590	Not Applicable \$8.75 Additional
22	w, 610.	27 SUITE :	2DD	5. Certificate of Status Desired	Fee Required
City & Stat	e	Cu & State - A	N. C.	6. Election Campaign Financing	\$5.00 May Be
23		28 PLANTATI	DM PC	Trust Fund Contribution	Added to Fees
Zip	Country	72221	Country	8. This corporation owes or has paid th	e current year Intangible
24	25		30	Personal Property Tax due June 30.	No No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	ered Agent
TORCHIN, DAVID CAPA					
8211 W BROWARD BLVD, SUITE 200			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	- · · · · · · · · · · · · · · · · · · ·
PLANTATION FL 33324					
		V	83		
			84 City		85 Zip Code
FL 10 245 0000					
11. Pursuant to the privisions of Sections 6 77, 1507 and 107 1,08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the Screen 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 exciton 601,0505, Florida Statutes.					
agent. I am familiar with, and accept the oblig kions of Section 601.0505, Florida Statutes.					
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TORCHIN, JACQUELINE		1.2 NAME		
STREET ADDRESS	6705 STARDUST		1.3 STREE1 ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE FL 330	068	1.4 CITY - ST - ZIP		
TITLE	7 080	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORCHIN, DAVID CPA		2.2 NAME		
STREET ADDRESS	8211 W BROWARD BLVD, SU	JITE 200	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP		DELETE	3.4. C(TY-ST-Z)P		Change Addition
TITLE		["] AETEIE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		[]	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		1	6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption stated in trate and that my signature	Section 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if made	er certify that the information