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

P96000042554 (1) DOCUMENT

CYBELE BOUTIQUE, INC.

Principal Place of Business

1311-A E LAS OLAS BLVD

Mailing Address

1311-A E LAS OLAS BLVD

FILED Feb 06 1998 8:00am Secretary of State



FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1996 2. Princ pal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0686402 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ATTIE, ELIE N 8058 CAMINO COURT #C Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change	Addition
NAME	ATTIE, ELIE N	1.2 NAME		
STREET ADDRESS	8058 CAMINO COURT #C	1.3 STREET ADDRESS		
CITY-ST-ZIF	MIAMI FL 33143	1.4 CITY-ST-ZIP		
TITLE	D DELETE	2.1 TITLE	Change	Addition
NAME	ATTIE, ELIE N	2.2 NAME		
STREET ADDRESS	8058 CAMINO CT #C	2.3 STREET ADDRESS		-
CITY-ST-ZIF	MIAMI FL	2, 4 CITY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	☐ Change	Addition
NAME		4, 2 NAME		
STREET ADDFESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 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		ļ
STREET ADDRESS		6.3 STREET ADDRESS		
		2 (200) 200 200		

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 trusted 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: