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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073238 (3)

FILED May 06 1998 8:00am Secretary of State

THE I SHOP INC.						t 12011001 116 12110 01111 05111 60111 001	(1 88 24 1 888	un a nass (1	181 1811 1881
Principal Place of Business Mailing Address						1 10T110ff H6 15H6 0HH 05H1 08H1 60H	(1 88 51) (980 0	1111 0 11500	1901 1011 1001
15352 S.W. 72 STREET 15352 S.W. 72 STREET									
#21 #21						DO NOT WRITE IN THIS SPACE			
MIAMI FL 33193 MIAMI FL 33193						3. Date Incorporated or Qualified			
						08/29/1996			
2. Principal Pl	2a. Mailing Address	ng Address			4. FEI Number		Ā	pplied For	
21		26							lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27				8. Certificate of Status Desired		Fee P	lequired
City & State	9	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Žip	Country	Zip	Count	гу		8. This corporation owes or has pa			
24	25	29	30]			Personal Property Tax due June			∐ No
	9. Name and Address of Curren	t Registered Agent	8	1 Name		10. Name and Address of New Re	gistered A	gent	
	KES, INEZ		ľ	Ivanie	,				
15352 S.W. 72 STREET				2 Street	Addres	ss (P.O. Box Number is Not Acceptat	ole)		
STE. #21				3	-				{
MIA	MI FL 33193		•	"					1
			8	4 City			FL	85 Zip	Code
11. Pursuant I	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	es, the abo	ve-named	d corpor	ration submits this statement for the p		changing	its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was a	uthorized	by the cor	rporatio	ration submits this statement for the p n's board of directors. I hereby accep	ot the appo	ointment a	s registered
	m lamila with and accept the congr	The distribution of the distribution	A IOO OIOIOI	.					
SIGNATURE	Signatura, typed or printed name of registered age	int and title if applicable (NOTI	Registered A	gent signature	re required	when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	P DELETE		1.1 TITLI	1.1 TITLE			ļ	Change	Addition
NAME				1.2 NAME					
STREET ADDRESS 17901 NW 68 AVE, APT. Q203			1.3 STRE	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP	<u> </u>				
TITLE	VPS The second s	☐ DELETE	2.1 TITLI					Change	Addition
NAME	WILKES, INEZ		2.2 NAM	2.2 NAME					
STREET ADDRESS	15352 SW 72 ST., #21		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MIAM# FL		2.4 CIT	-ST-ZIP					
TITLE		☐ DELETE	3.1 TITU		i			Change	Addition
NAME			3.2 NAM	Ē	i				
STREET ADDRESS			3.3 STRE	ET ADDRESS	1				
CITY-ST-ZIP			3.4. CIT		-				
TITLE	☐ DELETE			4.1 TITLE				Change	Addition
NAME			4. 2 NAN	E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		T becess	4.4 CITY		+-			Chare	Lauren
TITLE		☐ DELETE	5.1 TITU					Change	Addition
NAME			5.2 NAM		1				
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY		4			C Ober	f dediction
TITLE		DELETE	6.1 TITU					Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STR	ET ADDRESS					

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.

INEZ WILKES

4/27/98

305-253-2244PEXXXX