

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1796000090688 1. Corporation Name Monique Mathieu, Inc.			
Principal Place of Business 6320 Aton Rd Miami Beach, FL 33141		Mailing Address 6320 Aton Rd Miami Beach, FL 33141	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11-05-1996		4. FEI Number 65-0706951	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent MacDaniel, John M. Esq. One Biscayne Tower Ste 2975 Two South Biscayne Blvd. Miami, FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Signature of the person authorized to change the registered office or registered agent		DATE (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP 1.5 CITY, ST, ZIP 1.6 CITY, ST, ZIP 1.7 CITY, ST, ZIP 1.8 CITY, ST, ZIP 1.9 CITY, ST, ZIP 1.10 CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY, ST, ZIP 1.15 CITY, ST, ZIP 1.16 CITY, ST, ZIP 1.17 CITY, ST, ZIP 1.18 CITY, ST, ZIP 1.19 CITY, ST, ZIP 1.20 CITY, ST, ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 person authorized 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 in an additional page if I was an address.		700002512917 -05/06/98--01029--029 ***150.00	
SIGNATURE: Signature and typed or printed name of signing officer or director		4-26-98 305-861-8301	

CR2E034 (10/97)