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

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Jul 08 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 #
1. Corporation Name: P96000091391

YON BOUTIQUE INC

Principal Place of Business: 3414 N. OCEAN BLVD #C FT. LAUD. FLA. 33308

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: October 30 1996

2. Principal Place of Business
21 YON BOUTIQUE
Suite, Apt. #, etc. 22 #C.
City & State 23 FT. LAUD. FLA.
Zip 24 33308 Country 25 BROWARD.

2a. Mailing Address
26 3414 N. OCEAN BLVD.
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0708600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

DANIEL P. EHMKE
621 S. FEDERAL HWY, #9
FORT LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

81 Name: YON CHANG
82 Street Address (P.O. Box Number is Not Acceptable): 3414 N. OCEAN BLVD.
83 SUITE C
84 City: FT. LAUDERDALE FL 85 Zip Code: 33308

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: Yon K. Chang
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 DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	YON CHANG		1.2 NAME	
STREET ADDRESS	2000 NE 21 CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS, FL 33305		1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RICKIE SHEFFIELD		2.2 NAME	
STREET ADDRESS	2000 NE 21 CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS, FL 33305		2.4 CITY-ST-ZIP	
TITLE	"	☐ DELETE	3.1 TITLE	☐ Change ☐ 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 ADDRESS			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	900002582739
STREET ADDRESS			6.3 STREET ADDRESS	-07/08/98--01040--027
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

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: Yon K. Chang 4-29-98 954-565-6618.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)