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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90272 020 ***150.00

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DOCUMENT # P97000005054

1. Corporation Name
BOUTIQUE ESTATES INC.

Principal Place of Business	Mailing Address
420 N.W. 185TH TERRACE MIAMI 33 169	420 N.W. 185TH TERRACE MIAMI 33 169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1997

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: ~~NOT APPLICABLE~~ 65-0863310 ☑ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DURDEN, DURWOOD
18800 NW 2ND AVE.
SUITE 216
MIAMI FL 33316-9

10. Name and Address of New Registered Agent

81 Name: Clevia Spikes
82 Street Address (P.O. Box Number is Not Acceptable): 420 NW 185 Terrace
83
84 City: Miami FL 85 Zip Code: 33169

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: Clevia Spikes/Clevia Spikes (President) 4-13-99
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	P	☐ DELETE	1.1 TITLE	P=President	☑ Change ☐ Addition
NAME	TAYLOR, CRAIG		1.2 NAME	Clevia Spikes	
STREET ADDRESS	420 NW 185TH TERR		1.3 STREET ADDRESS	420 NW 185 Terrace	
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP	Miami FL 33169	
TITLE	V	☐ DELETE	2.1 TITLE	VP= Vice President	☑ Change ☐ Addition
NAME	SPIKES, CLEVIA		2.2 NAME	Craig Taylor	
STREET ADDRESS	420 NW 185TH TERR		2.3 STREET ADDRESS	420 NW 185 Terrace	
CITY-ST-ZIP	MIAMI FL 33169		2.4 CITY-ST-ZIP	Miami FL 33169	
TITLE	S	☐ DELETE	3.1 TITLE	S=Secretary	☐ Change ☑ Addition
NAME	SPIKES, BRIANNA		3.2 NAME	Harriett Spikes	
STREET ADDRESS	420 NW 185TH TERR		3.3 STREET ADDRESS	420 NW 185 Terrace	
CITY-ST-ZIP	MIAMI FL 33169		3.4 CITY-ST-ZIP	Miami, FL 33169	
TITLE		☐ DELETE	4.1 TITLE	T=Treasurer	☐ Change ☑ Addition
NAME			4.2 NAME	Charles Taylor	
STREET ADDRESS			4.3 STREET ADDRESS	420 NW 185 Terrace	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33169	
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			6.4 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)(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, with all other like empowered.

SIGNATURE: Clevia Spikes/Clevia Spikes 4-13-99 (305)625-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)