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FILED
Feb 24 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 # P97000069815 (3)

1. Corporation Name

BETTER STYLES DESIGNERS OUTLET, INC.



Principal Place of Business

Mailing Address

28361 SW 164TH AVE. *Pioneer Mall*
HOMESTEAD FL 33033
274 Washington Ave *Suite #5*
Homestead, Fl 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1997

2. Principal Place of Business

2a. Mailing Address

21 *same as above* 26 *same as above*

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 *Pioneer Mall, 274 Washington Ave Suite #5* 27

City & State City & State

23 *Homestead, Fl* 28

Zip Country Zip Country

24 *33033* 25 *USA/Fla* 29 30

4. FEI Number

65-0773742

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

10. Name and Address of New Registered Agent

JONES, CHARLES L
9900 SW 168 ST., STE. #9
MIAMI FL 33157

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DPT
MOLINET, BRENDA
28561 SW 164TH AVE.
HOMESTEAD FL 33033

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

DV
CHILDS, MARSHA
17811 SW 134TH COURT
MIAMI FL 33171

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

DS
HOPKINS, BRIDGET G
814 E. MOWERY DR.
HOMESTEAD FL 33030

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

D
FULMORE, BILLYE T
19137 NW 82 CIRCLE COURT
MIAMI LAKES FL 33015

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

DPT *same*

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☒ Change ☐ Addition

DV *Domick*
Marcos Molinet
28561 SW 164 Ave
Homestead, Fl 33033

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Brenda Molinet 2/12/98

CR2E034 (10/97)