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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000074090 (6) DOCUMENT #

FILED Jan 27 1998 8:00am Secretary of State

FOUNA BOUTIQUE, INC.		
		<u> </u>
Principal Place of Business Mailing Address		
AND AND FEMALE		
CHARLES AND A STATE OF THE STAT		DO NOT WRITE IN THIS SPACE
4643 S. University Drive		3. Date Incorporated or Qualified
DAVIE, FL 33398		08/26/1997
2. Principal Place of Business / 2a. Mailing Address	سسره به ۱	4. FEI Number Applied For
21 4643 5 University 1828 S	AME	65-0776660 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
27		Fee Required
City & State Cl 3 2 2 2 0 City & State		6. Election Campaign Financing \$5.00 May Be
23 DAVIE PL 33300 28		Trust Fund Contribution
Country Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 25 29 29 9, Name and Address of Current Registered Agent	30	Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent
DAUDIN, FLORENCE	81 Name	10, Hallo dila recorda o Hall Hegisterio Paril
3412 KNOLLS ROAD		
MIRAMAR FL 33025	82 Street Addre	ess (P.O. Box Number is Not Acceptable)
mili Pancit i C 00020	83	
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute	es the above-named corpo	
office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Flo	uthorized by the corporation	on's board of directors. I hereby accept the appointment as registered
	inga Statutes.	
SIGNATURE Signature, typed or printed name of registrated agent and title if applicable (NOTE	Registered Agent signature requires	d whon reinstating) DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTV DELETE	1.1 TITLE	Change Addition
NAME DAUDIN, FLORENCE	. 1.2 NAME	<u> </u>
STREET ADDRESS 3412 KNOLLS ROAD	1.3 STREET ADDRESS	[8
CITY-ST-ZIP MIRAMAR FL 33025	1.4 CITY - ST - ZIP	
TITLE DELETE	2 1 TITLE	☐ Change ☐ Addilion ☐
NAME	2.2 NAME	1
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-SI-ZIP	2.4 CITY-ST-ZIP	
TITLE DELETE	3.1 TITLE	Change Addition
NAME	3.2 NAM€	
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 TITLE DELETE	4.4 CITY - ST - ZIP	Change Addition
TITLE DELETE	5.1 TITLE	L. Criange L. Adouton
STREET ADDRESS	5.2 NAME	
	5.3 STREET ADDRESS	
CITY-ST-2IP TITLE DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME	62 NAME	C Strange C Addition
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	
		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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chamber or on an attachment with an address.