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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000108803 (2)

BELLA BAGS, ETC., INC.

## **FILED** May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1594 WEEPING WILLOW WAY 1594 WEEPING WILLOW WAY HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIAZ, ALBERTO 1594 WEEPING WILLOW WAY 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 83 84 Zip Code City of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) same of registered agont and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 OFFICERS AND DIRECTORS 12. 13. DELETE Addition 1.1 TITLE ☐ Change TITLE DIAZ, ADALBERTO NAME 1.2 NAME CR2E034 1594 WEEPING WILLOW WAY 1.3 STREET ADORESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition 21 TITLE TITLE HAGGIAG, JOHN 2.2 NAME NAME 1581 WEEPING WILLOW WAY 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP Addition DELETE ☐ Change TITLE 61 THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - ZIP

14. Thereby 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 supplied until 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 of 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 fur attackment with an address

4/38/98

(954)357-2363