

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

DOCUMENT # PK0000023856

1. Corporation Name

Elegance Boutique, Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 4240 SW. 72ND
Suite, Apt. #, etc. Suite A Aventura
City & State Miami FL
Zip 33155 County Dade

2a. Mailing Address

26 Box 558450
Suite, Apt. #, etc.
City & State Miami, FL
Zip 33255 County Miami

3. Date Incorporated or Qualified

5/13/99 operation on 7/20/99

4. FEI Number

65-0820094

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

AMIRI LAURYN
343 ALABAMA AVE
C. GABLS, FL 33134

10. Name and Address of New Registered Agent

81 Name M. LAURANTINO SUAREZ III
82 Street Address (P.O. Box Number is Not Acceptable)
12404 S.W. 20 TERRACE
83
84 City MIAMI FL 85 Zip Code 33175

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]

(NOTE: Registered Agent signature required when reinstating)

DATE 7/18/99

12. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u>	<input type="checkbox"/> DELETE
NAME	<u>KENIA MARIA G. RODILES</u>	
STREET ADDRESS	<u>12404 SW 20 TERRACE</u>	
CITY-ST-ZIP	<u>MIAMI FL 33175</u>	
TITLE	<u>VICE PRESIDENT</u>	<input type="checkbox"/> DELETE
NAME	<u>LAURANTINO SUAREZ III</u>	
STREET ADDRESS	<u>12404 SW 20 TERRACE</u>	
CITY-ST-ZIP	<u>MIAMI FL 33175</u>	
TITLE	<u>SECRETARY & TREASURER</u>	<input type="checkbox"/> DELETE
NAME	<u>M. LAURANTINO SUAREZ III</u>	
STREET ADDRESS	<u>12404 SW 20 TERRACE</u>	
CITY-ST-ZIP	<u>MIAMI FL 33175</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 in an amendment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/99 (305) 266 9889

FILED

99 JUL 26 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****8.75 *****8.75

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

7/20/99 (2)

Ms Keshie Sellers
Document Specialist
Letter No. 599400035734

Subject: Misunderstanding

Dear Ms. Sellers:

As I stated on my previous letter and phone conversation on 6/99, the original application for Elyance Tours, Inc was never received by us. As I see in your letter dated 7/12/99, now you have the correct address.

We are a small business and paying the late fee charge will be a burden to us, since 90% of businesses during the first year either close or don't make any profits...

Also, as per your letter I believe that the amount on the check, was \$150 and not \$750. I am enclosing \$8.25 for the Certificate of Good Standing.
Thank you for your help,

Sincerely,
Mamuel H. Suarez