

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90079 023 ***150.00

DOCUMENT # P98000087148

1. Corporation Name

ELLUS MODA BOUTIQUE, INC.

Principal Place of Business

**10308 BROOKVILLE LN.
BOCA RATON FL 33428**

Mailing Address

**10308 BROOKVILLE LN.
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

65-0866999

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

4616 N FEDERAL HWY

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT

City & State

LIGHTHOUSE POINT

Zip

33064

Country

USA

Zip

33064

Country

USA

9. Name and Address of Current Registered Agent

**DEANDRADE, CLOVIS L
10308 BROOKVILLE LN.
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name

CLOVIS L DE ANDRADE

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

4616 N FEDERAL HWY

83

84 City **LIGHTHOUSE POINT**

FL

85 Zip Code

33064

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.

(NOT: Registered Agent signature required when reinstating)

DATE

03/20/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
DEANDRADE, CLOVIS L
10308 BROOKVILLE LN.
BOCA RATON FL 33428**

TITLE ☐ DELETE

**PVST
DEANDRADE, CLOVIS L
10308 BROOKVILLE LN.
BOCA RATON FL 33428**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ 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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Clovis L. Andrade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/20/99 (954) 7820936

CR2E034 (11/98)

0034158