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 # P98000098524

1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90159 024 ***150.00

BOUTIQ	ue erika inc.								
Principal Plac	e of Business	Mailing Address				E INBEINAL IIA ENIA		PRI IN	(
701 N.E. 1ST COURT.#307 701 N.E. 1ST COURT.#307					Ĭ				
HALLANDALE FL 33009 HALLANDALE FL 33009									
					<u> </u>	Date Incorporated of	NOT WRITE IN T	HIS SPACE	
	·					11/19/1998	or Quanted		
	face of Business	2a. Mailing Address			4.	FEI Number		→	Applied For
21		26				65-087	11034		Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5.	5. Certificate of Status Desired S8.75 Addition Fee Required			
City & Stat		City & State				Floation Compaign	Einanoina		0 May Be
23	C	28			6.	Election Campaign Trust Fund Contribu	- 1	•	d to Fees
Zip	Country	Zip	Country	y	9	This corporation ow			
24	25		30		"	Personal Property 1	-	☐ Yes	[] No
<u>-,-,</u>	9. Name and Address of Current				10.	Name and Addres		red Agent	
			81	Name					
SAVARD, DORIS			82	Street	Address (P	ess (P.O. Box Number is Not Acceptable)			
701 N.E. 1ST COURT,#307				. 00000	, idai 600 (i	.c. dox ridificor io i			
HALI	LANDALE FL 33009		83						
			84	City				- 85 Zi	p Code
				1 '				FLII	·
11, Pursuant	to the provisions of Sections 60Z 0502	2 and 607.1508, Florida Statute	s, the abov	e-named	corporation	n submits this statem	nent for the purpos	e or changing	its registered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607 0507 egist fred agent, or both, in the Sinte of m familiar with, and accept the obligat	MISTAICE,	s, the abov Ithorized by ida Statutes Registered Age				nent for the purpos ereby accept the a	e or changing ppointment as	registered registered
	Signature, typed or printed name of regulared agent	t and title if applicable. (NOTE:	Z		required when r		99-18		
SIGNATURE	Signature typed or printed name of pagetiered agent OFFICERS ANI INCORDINATION (PRES	t and title if applicable. (NOTE:	Registered Age		required when r	reinstating)	99-18		TORS IN 12
SIGNATURE	Signature typed or printed name of postered agent OFFICERS ANI INCORPURATOR (PRES DORIS SAURIL)	t and title if applicable. (NOTE: D DIRECTORS TOBOT DELETE	Registered Age		required when r	reinstating)	99-18	S AND DIREC	TORS IN 12
SIGNATURE 12. TITLE	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS TOBOT DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME		required when r	reinstating)	99-18	S AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or printed name of postered agent OFFICERS ANI INCORPURATOR (PRES DORIS SAURIL)	t and title if applicable. (NOTE: D DIRECTORS OF ORAL DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME	TADORESS	required when r	reinstating)	99-18	S AND DIRECT	TORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS TOBOT DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	TADORESS	required when r	reinstating)	99-18	S AND DIREC	TORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS OF ORAL DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	TADORESS	required when r	reinstating)	99-18	S AND DIRECT	TORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS OF ORAL DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	TADORESS	required when re	reinstating)	99-18	S AND DIRECT	TORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	L and title if applicable. (NOTE: D DIRECTORS ORNI D DELETE D DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-T	ent signature re	required when r	reinstating)	99-18	S AND DIRECT Change	FORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS OF ORAL DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE	ent signature re	required when re	reinstating)	99-18	S AND DIRECT	FORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	L and title if applicable. (NOTE: D DIRECTORS ORNI D DELETE D DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Change	FORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	L and title if applicable. (NOTE: D DIRECTORS ORNI D DELETE D DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Change	FORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS TOBOY DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S 3.5 TREE 3.4 CITY-S 3.7 TREE 3.7 NAME 3.8 STREE 3.4 CITY-S	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Chang	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	L and title if applicable. (NOTE: D DIRECTORS ORNI D DELETE D DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Change	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS TOBOY DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4. 2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Chang	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS TOBOY DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Chang	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of pagestared agent OFFICERS ANI INCORPORATION (PRES DORIS SANDRE) TO I NE 15 COURT #36 HALLANDRIE FC 3386	t and title if applicable. (NOTE: D DIRECTORS TOBOT DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Change Change	e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of perstared agent OFFICERS AND INCORPLETTOR (PRESIDER) ORIS SAURED TO NE IT COURT #30	t and title if applicable. (NOTE: D DIRECTORS TOBOY DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Chang	e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typed or printed name of pagestared agent OFFICERS ANI INCORPORATION (PRES DORIS SANDRE) TO I NE 15 COURT #36 HALLANDRIE FC 3386	L and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Change Change	e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature typed or printed name of pagestared agent OFFICERS ANI INCORPORATION (PRES DORIS SANDRE) TO I NE 15 COURT #36 HALLANDRIE FC 3386	L and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Change Change	e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of pagestared agent OFFICERS ANI INCORPORATION (PRES DORIS SANDRE) TO I NE 15 COURT #36 HALLANDRIE FC 3386	L and title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.5 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	S AND DIRECT Change Change	FORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of pagestared agent OFFICERS ANI INCORPORATION (PRES DORIS SANDRE) TO I NE 15 COURT #36 HALLANDRIE FC 3386	Tand title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S	ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	Chang	FORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of pagestared agent OFFICERS ANI INCORPORATION (PRES DORIS SANDRE) TO I NE 15 COURT #36 HALLANDRIE FC 3386	Tand title if applicable. (NOTE: D DIRECTORS D DELETE D DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY-I 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP	required when r	reinstating)	99-18	Chang	FORS IN 12 e

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 of 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 the anattachment with an address, with all other like empowered.

SIGNATURE: