

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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90037 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000101001

1. Corporation Name  
ILUSION DE CHICHI, INC.

|   |   |
|---|---|
| Principal Place of Business<br>627 NORTH "L" ST.<br>LAKE WORTH FL 33460 | Mailing Address<br>627 NORTH "L" ST.<br>LAKE WORTH FL 33460 |
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|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>11/30/1998<br>4. FEI Number<br>65-0870853<br>5. Certificate of Status Desired<br>6. Election Campaign Financing<br>Trust Fund Contribution<br>8. This corporation owes the current year Intangible<br>Personal Property Tax. | Applied For<br>Not Applicable<br>\$8.75 Additional<br>Fee Required<br>\$5.00 May Be<br>Added to Fees<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|--|

|   |  |
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| 9. Name and Address of Current Registered Agent<br>AUSON, CLEMENCIA<br>627 NORTH "L" ST.<br>LAKE WORTH FL 33460 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
|---|--|

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 Clemencia J. Auson  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/99  
DATE

|   |   |
|---|---|
| 12. OFFICERS AND DIRECTORS  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>P<br>AUSON, CLEMENCIA<br>627 NORTH "L" ST.<br>LAKE WORTH FL 33460 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE                                   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE                                   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE                                   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE                                   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE                                   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Clemencia J. Auson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99  
Date

Daytime Phone #