Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90179 017 \*\*\*150.00

## 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 # \$81944

1. Corporation Name

CELLULAR BOUTIQUE, INC.

Principal Place	e of Business	Mailing Address				- 	II BIBIN GABAL BIBIN	\$1\$11 <b>6</b> 1811 1861
•	FIQUE. 7155 SW 8TH	7155 SW 8TH STREET	7155 SW 8TH STREET					
7155	,	7155				DO NOT WOITE IN TH	UO ODACE	
MIAMI FL 3314	6 , , ,	MIAMI FL 33144				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed		
		20 Mailing Adams				09/23/1991 4. FEI Number	1 1	antiad Ear
<del>-</del>	lace of Business	2a. Mailing Address						oplied For ot Applicable
21	# 000	Suite, Apt. #, etc.				65-0283789		Additional
Suite, Apt.	#, etc.	27				5Certificate of Status Desired		equired
City & State	<u> </u>	City & State				6. Election Campaign Financing	<del></del>	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year	Intangible	-
24	25	29	30			Personal Property Tax.	Yes	ĭ≱No
	9. Name and Address of Currer		11			10. Name and Address of New Registere	d Agent	
				81	Name			_ 7
ROSSEAU, CHARLES				82	Stroot Addro	ress (P.O. Box Number is Not Acceptable)		
7155	S SW 8TH STREET			82	Street Addre	iss (F.O. Box Nulliper is Not Acceptable)		
MAIM	M FL 33146	•		83				
				$\vdash$		<u> </u>	· 	
	- *			84	City	F	L 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered age	··		Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	DPS IN 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	POLICOCAU OLIABIEO		1.1 TI				onange	
NAME (	ROUSSEAU, CHARLES		1.2 N				•	
STREET ADDRESS	7155 SW 8TH				ADDRESS			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 C	MY-ST-	-ZIP		☐ Change	Addition
TITLE	VP MADINA		2.1 N			,		
NAME	SANCHEZ, MARINA				ADDRESS	•	•	
STREET ADDRESS	7155 SW 8TH STREET MIAMI FL	- **	- 1	CITY-ST	\ \			1
TITLE	MIMMI FL	☐ DELETE	3.1 Ti		1-ZiF		☐ Change	☐ Addition
NAME	,		3.2 N					-
STREET ADDRESS					ADDRESS		*	ľ
CITY-ST-ZIP			34.0	TR-YTK	-ZIP			Į
TITLE		DELETE	4.1 TI				Change	☐ Addition
NAME			4.21	IAME				Ì
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-ST-	-ZIP		-	
TITLE		☐ DELETE	5.1 TI	ITLE		<del></del>	☐ Change	☐ Addition
NAME	was seen as a seen of	•	5.2 N	AME			•	
STREET ADDRESS			5.3 S	TREET	ADDRESS	,	•	
CITY-ST-ZIP				ITY-ST-	-ZIP			
TITLE		DELETE	6.1 Ti				- Change	☐ Addition
NAME	•	•	6.2 N			•	•	ĺ
STREET ADDRESS			6.3 S	TREET	ADDRESS			

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 suppliemental 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 manged, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

(305) 265-0050