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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60316

(0)

Mailing Address

ALL CUSTOM CORSETS, INC.

FILED
May 02 1997 8:00am
Secretary of State

C/O HAYDEE OUIRANTES 2137 SW 8TH ST. MIAMI FL 33135		C/O HAYDEE QUIRANTES 2137 SW 8TH ST. MIAMI FL 33135-3319			Date Incorporated or Qualified 10/06/1987	3a. Date of Last R 07/17/1996	eport
		Lo. Malling Address	,		4. FEI Number		nlied for
	ace of Business		2a. Mailing Address		65-0021724		plied For t Applicable
Suite, Apt #, etc.		Suite Ant. #. etc	Suite, Apt. #, etc.			¢0.75	
22		} _`	27		5. Certificate of Status Desired	Fee Re	
City & State)	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	····		Trust Fund Contribution	Added t	
Zıp	Country	Zip	Country		8. This corporation has liability for it		. 199.032,
24 25 29 30 30 30 3. Name and Address of Current Registered Agent			90]	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
OLUI		ILIEUR Hadistelen Wheist	81	Name	10, regine and Address of from the	greiore regent	
	RANTES, HAYDEE S.W. 32ND COURT/ROAD						
MIAMI FL 33135			82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
וראוזו	MI I E GO IOO		83				
					,		· ·
1			84	City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statutes	s, the above	-named corp	poration submits this statement for the p	urpose of changing it	s registered
office or r	agistered agent or both in the ?	State of Florida. Such change was au abligations of, Section 607.0505, Flor	Jihorized by	the corpora	tion's board of directors. I hereby accept	ot the appointment as	registered
•	in tarillial will, and accept the c	ibligations of, operior con tooo, viol	iou olaioloi	•			
SIGNATURE	Signature: typed or printed name of registers	d agent and title if applicable. (NOTE:	Registered Age	nt signature requi	red when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PSTD	DELETE	1.1 TITLE		1	☐ Change	Addition
NAME	QUIRANTES, HAYDEE		1.2 NAME				
STREET ADDRESS	200 S.W. 32ND STREET C	OURT ROAD	1.3 STREET	ADDRESS			
CITY-S1-ZiP	MIAMI FL		1.4 CITY - S	T- ZIP			
TITLE	DELETE 2		2.1 TiTLE	1		Change	Addition
NAME			2.2 NAMÉ				
STREET ADDRESS			2.3 STREET	address			
C(TY+ST-ZIF			2. 4 CITY -	iT - ZIP			
TITLE			31 TITLE			Change	Addition
NAME			32 NAME	1			
STREET ADDRESS			3.3 STREET	ADORESS			
CHY-S1-ZIP			3.4. GITY-	ST-ZIP		Channe	Addition
TITLE	DELETE		4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP		E or eve	4.4 CITY - S	T-21P		Channe	Addition
TITLE		☐ DELETE	5.1 TITLE			LJ Change	Addition
NAME			5.2 NAME	4DDDCC*	÷		
STREET ADDRESS			5.3 STREET	1			
City-ST-ZIP		DELETE	5 4 CITY - S	I - ZIP		Change	Addition
TITLE	•	רו הנונים	6.1 TITLE		•	compo	tand , washing it
NAME			6.2 NAME 6.3 STREET	ADDDECC	*•		
STREET ACCIDESS							
CITY-ST-ZIP	ļ		6.4 CITY - S		nd in Section 119 07/3/(i). Florida Statute	e I further certify the	the

14. I do 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 anyaddress.

SIGNATURE

4/19/97 '

305) 5H1-5858