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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M60316 (0)

1. Corporation Name  
ALL CUSTOM CORSETS, INC.



Principal Place of Business: C/O HAYDEE QUIRANTES, 2137 SW 8TH ST., MIAMI FL 33135  
Mailing Address: C/O HAYDEE QUIRANTES, 2137 SW 8TH ST., MIAMI FL 33135-3319

3. Date Incorporated or Qualified: 10/06/1987  
3a. Date of Last Report: 07/17/1996  
4. FEI Number: 65-0021724  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)

9. Name and Address of Current Registered Agent  
QUIRANTES, HAYDEE  
200 S.W. 32ND COURT/ROAD  
MIAMI FL 33135

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 12 rows for Officers and Directors. Row 1: PSTD QUIRANTES, HAYDEE, 200 S.W. 32ND STREET COURT ROAD, MIAMI FL. Includes 'DELETE' checkbox.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Includes checkboxes for 'Change' and 'Addition'.

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 an address.

SIGNATURE: Haydee QuiANTES, Director  
Date: 4/19/97  
Daytime Phone #: (305) 541-5858

CR2E034 (9/96)