

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M87161** (9)
1. Corporation Name
20/20 FASHION CORP.



Principal Place of Business

Mailing Address

C/O EXQUIO HERNANDEZ
2021 NW 20TH STREET
MIAMI FL 33142

C/O EXQUIO HERNANDEZ
2021 NW 20TH STREET
MIAMI FL 33142

3. Date Incorporated or Qualified
06/20/1988

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **EXQUIO HERNANDEZ**

26 **EXQUIO HERNANDEZ**

4. FEI Number
65-0058087

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2027 NW 20th Street**

27 **2027 NW 20th St**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **MIAMI FLORIDA**

28 **MIAMI FLORIDA**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33142** 25 **DADE**

29 **33142** 30 **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, EXQUIO
2021 NW 20TH STREET
MIAMI FL 33142

81 Name **HERNANDEZ EXQUIO**

82 Street Address (P.O. Box Number is Not Acceptable)
2027 NW 20th Street

83

84 City **MIAMI**

85 Zip Code **FL 33142**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD HERNANDEZ, EXQUIO**
STREET ADDRESS **4224 SHERIDAN AVE.**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD HERNANDEZ, DAISY**
STREET ADDRESS **4224 SHERIDAN AVE.**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Exquis Hernandez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96
Date

Daytime Phone #

CR2E034 (12/95)