

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051322 (4)

1. Corporation Name

VICTORIA'S ARMOIRE, INC.

Principal Place of Business

**4077 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

Mailing Address

**4077 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

04/08/1994

4. FEI Number

59-1418247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FUENTES, EDUARDO S
4077 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

(Agent or Officer or former registered agent and the corporation)

(Registered Agent or former registered agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1	NAME	D
12.2	NAME	FUENTES, EDUARDO S
12.3	STREET ADDRESS	4077 PONCE DE LEON BLVD.
12.4	CITY, ST, ZIP	CORAL GABLES FL 33146
12.5	NAME	D
12.6	NAME	FUENTES, ANNA E
12.7	STREET ADDRESS	4077 PONCE DE LEON BLVD.
12.8	CITY, ST, ZIP	CORAL GABLES FL 33146
12.9	NAME	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	NAME	
12.15	STREET ADDRESS	
12.16	CITY, ST, ZIP	
12.17	NAME	
12.18	NAME	
12.19	STREET ADDRESS	
12.20	CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	NAME	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	NAME	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	
13.17	NAME	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(3)(b), Florida Statutes. I further certify that the information included 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 (305) 445-3848