

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

DOCUMENT # P93000055820 (3)

1. Corporation Name

DILENA FASHION CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 1 11:06

Principal Place of Business

**4109 E 10TH LN
HALEAH FL 33013**

Mailing Address

**4109 E 10TH LN
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0432367

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

**MEJAS, DAVID E
4109 E 10TH LN
HALEAH FL 33013**

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 607.0602 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

12. OFFICERS AND DIRECTORS

1. TITLE: **D**
2. NAME: **MUNEZ, IRENE**
3. STREET ADDRESS: **18900 NE 3RD CT #501**
4. CITY, ST, ZIP: **N MIAMI BEACH FL 33179**

1. TITLE: **D**
2. NAME: **MEJAS, DAVID E**
3. STREET ADDRESS: **18900 NE 3RD CT #501**
4. CITY, ST, ZIP: **N MIAMI BEACH FL 33179**

1. TITLE:
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:
 Change Addition

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4. CITY, ST, ZIP:
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3. STREET ADDRESS:
4. CITY, ST, ZIP:
 Change Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:
 Change Addition

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2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:
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4. CITY, ST, ZIP:
 Change Addition

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)(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 manager 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:

Irene Munez
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER/DIRECTOR

5/30/1995 (70) 687 6862