

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024892 (8)

1. Corporation Name

PALAZZO DI MODA CORPORATION



Principal Place of Business

85 MERRICK WAY
CORAL GABLES FL 33134

Mailing Address

85 MERRICK WAY
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0568779

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SBERT, JEAN L
85 MERRICK WAY
CORAL GABLES FL 33134

81 Name

Jean L. LABRADA

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

45 STAR ISLAND

83

Miami Beach, FL.

84 City

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: Jean L. Labrada

Jean L. Labrada / President

01-15-96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD
LABRADA, JEAN L
85 MERRICK WAY
CORAL GABLES FL 33134

☐ DELETE

TITLE

VD
LABRADA, JEAN V
85 MERRICK WAY
CORAL GABLES FL 33134

☐ DELETE

TITLE

SD
LABRADA, IVONNE
85 MERRICK WAY
CORAL GABLES FL 33134

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 a new address.

SIGNATURE:

Jean L. Labrada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean L. Labrada

01/15/96

567-9000

DATE

Daytime Phone

CR2E034 (12/95)