

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36099** (7)

1. Corporation Name

ADRIANA FASHIONS ENTERPRISE, INC.



Principal Place of Business

**720-2 N.W. 106 AVENUE
MIAMI FL**

Mailing Address

**720-2 N.W. 106 AVENUE
MIAMI FL**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

9. Name and Address of Current Registered Agent

**GARCIA, PEDRO GERMAN
720-2 NW 106 AVE.
MIAMI FL**

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 607.0509 and 607.1105, 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 607.0509, Florida Statutes.

SIGNATURE

Suzanna B. Matheson, Secretary of State

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GARCIA, PEDRO GERMAN	
STREET ADDRESS	720-2 NW 106 AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GARCIA, ADRIANA M	
STREET ADDRESS	720 2 NW 106 AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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)(a), Florida Statutes. I further certify that the information appeared 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, director, or shareholder of the corporation or the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or both, of this report as an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-96

4-15-1996 205-226-7836

CR2E034 (12/95)