FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

ADRIANA FASHIONS ENTERPRISE, INC.

FILED May 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						J 100 11910 100 14119 31411 00119 10140 1014 01011 01011 01011 01011 01011 01011
720-2 N.W. 106 AVENUE 720-2 N.W. 106 AMAMI FL MIAMI FL			6 AVENUE	UE		DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 03/03/1991
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0247606 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip			untry		8. This corporation owes or has paid the current year Intangible	
24 *	25 9. Name and Address of Curre	29 29 Agent	30	301		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
GA	RCIA, PEDRO GERMAN			B1	Name	, o, trains and trade of the inspection (1991).
	0-2 NW 106 AVE.			82		
	AMI FL				Street Address (P.O. Box Number is Not Acceptable)	
1	371(1 6			83		
					0.4	
				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						
Signature, typod or pouled name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP CARCIA DEDDO CEDMAN	<u>[_]</u> [DELETE 1.1.7			Change Addition
NAME	GARCIA, PEDRO GERMAN 720-2 NW 106 AVE.		1	NAME		
STREET ADDRESS	MIAMI FL				ADDRESS	
CITY-ST-ZIP TITLE	DV		DELETE 2.1 T	CITY - S	1 - ZIP	Change Addition
NAME	GARCIA, ADRIANA M		2.21			
STREET ADDRESS	720 2 NW 106 AVE				ADDRESS	
CITY-ST-ZIP	MIAMI FL			CITY - S	1	
TITLE			DELETE 3.1 T			☐ Change ☐ Addition
NAME			3.2 M	AME		
STREET ADDRESS			3.3 5	STREE1	ADDRESS	
CITY-ST-ZIP				CITY-S	IT-ZIP	
TITLE	DELETE		DELETE 4.1 F	4.1 FITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			CITY-S	T-ZIP	Change Addition	
TITLE		ا ك				Li unange Li Addition
NAME CTREET ADDRESS			l l	IAME TREET	ADDOLCO	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE			ITY-S ITLE	1-214	☐ Change ☐ Addition	
NAME		٥.		IAME		
STREET ADORESS					ADDRESS	
CITY-ST-ZIP				STY-S	- 1	`
	ertify that the information supplied v	vith this filing does no				in Section 119.07(3)(i), 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 corporator) or the receiver or trustee empowed 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 attachyour will an address.