

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 292702 (8)

1. Corporation Name
LEILA FASHIONS, INC.



Principal Place of Business	Mailing Address
2501 N.W. 2ND AVENUE MIAMI FL 33127	2501 N.W. 2ND AVENUE MIAMI FL 33127-4305

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1965	3a. Date of Last Report 01/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1095632		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DOPAZO, ARTURO 2501 NORTHWEST 2ND AVENUE MIAMI FL 33127		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 607.0505 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  **EDWARD DOPAZO** DATE **3/12/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President
NAME	DOPAZO, ARTURO	12 NAME	Edward Dopazo
STREET ADDRESS	2501 NW 2ND AVE.	13 STREET ADDRESS	2501 NW 2nd Ave.
CITY- ST- ZIP	MIAMI FL	14 CITY- ST- ZIP	Miami FL 33127
TITLE	VS	21 TITLE	Vice President / Treasurer
NAME	DOPAZO, LEILA	22 NAME	
STREET ADDRESS	2501 NW 2ND AVE.	23 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	24 CITY- ST- ZIP	
TITLE	D	31 TITLE	Secretary
NAME	DOPAZO, LEILA	32 NAME	Dopazo, Leila B.
STREET ADDRESS	2501 NW 2ND AVE.	33 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	34 CITY- ST- ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 an address.

SIGNATURE:  **EDWARD DOPAZO** DATE **3/12/97** DAYTIME PHONE **305-5762122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)