

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 305122 (4)

1. Corporation Name

L & M FASHIONS, INC.



Principal Place of Business

% KTG & S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE. STE 700
MIAMI FL 33131

Mailing Address

% KTG & S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE. STE 700
MIAMI FL 33131

2. Principal Place of Business

21 100 SE 2nd St.

2a. Mailing Address

26 100 SE 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 28th floor

27 28th floor

City & State

City & State

23 miami, FL

28 miami, FL

Zip

Zip

24 33131

29 33131

Country

Country

25 US

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/16/1966

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1146464

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

10. Name and Address of New Registered Agent

KTG & S REGISTERED AGENT CORP
1401 BRICKELL AVE.
STE 700
MIAMI FL 33131

81 Name

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

100 SE 2nd St

28 Floor

84 City

miami

FL

33131

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: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	STD MAYER, DONALD	5800 COLLINS AVE.	MIAMI BCH. FL	
	PD MAYER, ROBERT	6355 S.W. 124TH AVE.	MIAMI FL	
	D MAYER, PHYLLIS	5800 COLLINS AVE.	MIAMI BCH. FL	
	D MAYER, PAMELA	6355 S.W. 124TH ST.	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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-05/22/96--01040--045
***200.00

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/96 305-883-0681

CR2E034 (12/95)