

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

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Jul 21, 1999 8:00 am  
Secretary of State

07-21-1999 90005 020 \*\*\*550.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 305122

1. Corporation Name

L & M FASHIONS, INC.

Principal Place of Business

100 SE 2ND STREET  
28TH FLOOR  
MIAMI FL 33131

Mailing Address

100 SE 2ND STREET  
28TH FLOOR  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1966

4. FEI Number

59-1146464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 940 W 19TH ST

Suite, Apt. #, etc.

22

City & State

23 HIALEAH FL

Zip

24 33010 25 USA

Country

2a. Mailing Address

26 940 W 19TH ST

Suite, Apt. #, etc.

27

City & State

28 HIALEAH FL

Zip

29 33010 30 USA

Country

9. Name and Address of Current Registered Agent

~~RTG & S REGISTERED AGENT CORP  
100 SE 2ND STREET  
28TH FLOOR  
MIAMI FL 33131~~

No

10. Name and Address of New Registered Agent

81 Name

Fred & Abraham

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

999 Brickell Ave. Suite 1000

83

84 City

Miami

FL

85 Zip Code

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 ☐ DELETE

NAME STD  
MAYER, TED  
STREET ADDRESS 940 WEST 19 STREET  
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ DELETE

NAME PD  
MAYER, ROBERT  
STREET ADDRESS 3 RIDGE VIEW DR  
CITY-ST-ZIP ASHVILLE NC

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)