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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 368824



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 012 ***150.00

regal f	ASHIONS, INC.							
Principal Place	of Business	Mailing Address	••			- - -	INI 1888 BIBN DINN DE	121 W1011 G1U41 1881
915 W 18TH ST 915 W 18TH ST								•
HIALEAH FL 33010 HIALEAH FL 33010								
						DO NOT WRITE	N THIS SPACE	
	·					3. Date Incorporated or Qualifed		
						08/25/1970		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						59-1300424		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				_		5. Certificate of Status Desired [1	5 Additional Required ====================================
22 27								 -
City & State						6. Election Campaign Financing		May Be
23				ntry		Trust Fund Contribution		ed to Fees
į Zip □	 ·	·				This corporation owes the current Personal Property Tax.	year mangible Yes	□No
24	25	29 30 30 d Address of Current Registered Agent				10 Name and Address of New Reg		
	9, Maria and Address of Current	t Negisteled Agent		81	Name	IV. Hame the Madress of Men Hos		
BONILLA, PAUL JR								
15800 WEST PRESTWICK PL				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
MIAMI LAKES FL 33014				83				
				84			FL	ip 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								
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								rogiotore-
SIGNATURE	Signature, typed or printed name of registered agent	and title if anniirehle (NOTE:	Registered	Agen	t signature required t	when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	VST DELETE 1.1 TI		rle	i		☐ Chang		
NAME	BONILLA, PAUL JR		1.2 N/	ME				1
STREET ADDRESS	15800 W. PRESTWICK PL.		1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-5		r-zip		-	
TITLE	PD	☐ DELETE	2.1 TITLE				Chang	ge 🔲 Addition
NAME	BONILLA, MARIA A 222N		ME		•		}	
STREET ADDRESS	AFOOD IN DEFOTATION DI		REET	ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL			ITY-\$	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE				Chang	ge Addition
NAME			3.2 NAME					ļ
STREET ADDRESS	•		3.3 \$1	REET	ADDRESS			Ì
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE				Chang	ge
NAME		•	4. 2 NAME					1
STREET ADDRESS	,		4.3 \$7	REET	TADORESS	,		
C/TY-ST-ZIP		<u> </u>	4.4 CI	TY-\$1	T-ZIP			
TITLE		☐ DELETE	5.1 π	r.E.			☐ Chan	ge Addition
NAME	•		5.2 N/	ME				
STREET ADDRESS			5.3 \$1	REET	ADDRESS			Ì
CITY-ST-ZIP			5.4 CI	TY-ST	T-ZIP			
TITLE	-	☐ DELETÉ	6.1 TT		T		Chang	ge
NAME			6.2 N	ME				
1			63.53	DEET	TARRESS I			1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP