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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 385362 1. Corporation Name

(9)

LORRAINE DESIGNERS OF	MIAMI	CORPORATION
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Principal Place of Business Mailing Address 2480 N.W. 20TH STREET 2480 N.W. 20TH STREET MIAMI FL 33142-7102 MIAMI FL 33142-7102

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3a. Date of Last Report

05/01/100S

3. Date incorporated or Qualified

07/14/1971

						717171			0,01,1			
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			<u> </u>	Applied For		
1		26				59-1232740				Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			\$8.7	75 Additional		
27						S. Certineate o	5. Certificate of Status Desired			Fee Required		
City & State City & State					6. Election Campaign Financing \$5.00 May E					00 May Be		
23	28					Trust Fund (Trust Fund Contribution Added to Feet					
Zip	Country Zip			ountry		8. This corpora	ition has liability for		x under	s 199.032,		
24	25	29	30			Florida Statu	utes 🔲 Yes	s 🔲 No				
	9. Name and Address of Curre	ent Registered Agent				10. Name and	Address of New I	Registered /	Agent			
					Name							
SANTA	NA,JESUS B			82	Stroot Ad	dress (P.O. Box Num	her is Not Accenta	ble)				
	RRANINE DESIGNER OF MIAM	I CORP		82 Street Address (P.O. Box Number is Not Acceptable)								
•		lon Blvd. #216		83								
	Kanan of Chang	ayne, F1 33149	9							=		
XXXXXX	CHON THE COURSE	,	_	84	City			FL.	85	Zip Code		
11 Durauant	to the provisions of Sections 607.056 red agent, or both, in the State of Flo	02 and 607 1508 Florida Statute	es the a	hove-r	named core	oration submits this s	tatement for the pu	irpose of cha	anging it	s registered offic		
familiar w SIGNATURE	ith, and accept the obligations of, Se											
	Signature, typed or printed name of registered age				it signature requ	ired when reinstating)	CHANCEC TO OF	DATE	DIDEC	TODG IN 12		
12.	OFFICERS A	ND DIRECTORS	1:	 		T/VS/S	CHANGES TO OF		Chang			
TITLE		☐ DELETE		1 TITLE		- •		XI.	X) Chang	e 🔲 Addition		
NAME	SANTANA, ROBERTO			2 NAME		Santana,	Roberto					
STREET ADDRESS	5884 & WX18446GURT 40	51 S.W. 130 A	ve. 1	3 STREET		4051 S.W.		•				
CITY-S1-ZIP	MIAMI, FLORIDA 33175			4 CITY-S	1- ZIP	Miami, F1	33175					
TITLE	VS	XX DELETE	- 6	1 TITLE				ι	Chanç	e 🔲 Addition		
NAME	SANTANA, JESUS G		2	2 NAME								
STREET ADDRESS	13781 S W 38 STREET		2	3 STREET	ADORESS							
CITY ST-ZIP	MIAMI, FLORIDA 33175		2	4 CITY - S	T-ZIP							
TITLE	P	DELETE	3	1 TITLE	Ì			[☐ Chanç	e 🔲 Addition		
NAME	SANTANA, JESUS B		3.	2 NAME								
STHEET ADDRESS	61 CRANDON BLVD. #216	ı	3	3 STREE	T ADDRESS							
CHY-ST-ZIP	KEY BISCAYNE FL 331	.49	3.	4 CITY-S	ST- Z IP							
TITLE		☐ DELETE	4.	1 TITLE					☐ Chanç	e 🔲 Addition		
NAME			4	2 NAME	1							
STREET ADDRESS			4	3 STREET	ADDRESS							
CITY-ST-ZIP			4	4 CHTY - S	ST-ZIP							
TITLE		DELFTE		1 TITLE					Chang	je 🔲 Addition		
NAMe		<u>—</u> :	5	2 NAME								
STREET ADDRESS			5	3 STREET	T ADDRESS							
				.4 CITY - 5								
CITY-ST-ZIP TITLE	 	[] DELETE		1 TITLE	·· KD				Chang	e Addition		
				2 NAME	Ì			•	_ `			
NAME					I ADDRESS							
STHEET ADDRESS			1									
CITY-ST-ZIP			6	4 CITY - S	SI - ZIP							

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 point or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or disconstruction of the property of the

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

305-634-2403