

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 516046 (0)

1. Corporation Name

LEONORA FASHIONS, INC.



Principal Place of Business

5641 HAWKES BLUFF AVE
DAVIE FL 33331

Mailing Address

5641 HAWKES BLUFF AVE
DAVIE FL 33331

3. Date Incorporated or Qualified
10/07/1976

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1095/1055 EAST 15TH ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

33333010

25

DAVE/USA

29

30

4. FEI Number
NOT APPLICABLE

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIORILLI, ALFONSO
5641 HAWKES BLUFF AVE
DAVIE FL 33331

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 607.0502 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

Alfonso Fiorilli

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME FIORILLI, MICHAEL SR.
STREET ADDRESS 5641 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ST
NAME FIORILLI, MICHAEL JR.
STREET ADDRESS 5641 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SAMSON, DONNA
STREET ADDRESS 5641 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME FIORILLI, PHYLLIS
STREET ADDRESS 5641 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME FIORILLI, ALFONSO
STREET ADDRESS 5641 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 #

2-5-96

305-885-8140

CR2E034 (12/95)