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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 516046

(0)

1. Corporation Name
LEONORA FASHIONS, INC.

Principal Place of Business
1095/1055 EAST 15TH ST.
HALEAH FL 33010

Mailing Address
5641 HAWKES BLUFF AVE.
DAVIE FL 33331-2532



3. Date Incorporated or Qualified 10/07/1976
3a. Date of Last Report 03/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		NOT APPLICABLE		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

FIORILLI, ALFONSO
5641 HAWKES BLUFF AVE
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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* 1-7-97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	Change Addition
NAME	FIORILLI, MICHAEL SR.	12 NAME	
STREET ADDRESS	5641 HAWKES BLUFF AVE	13 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	14 CITY - ST - ZIP	
TITLE	ST	21 TITLE	Change Addition
NAME	FIORILLI, MICHAEL JR.	22 NAME	
STREET ADDRESS	5641 HAWKES BLUFF AVE	23 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	Change Addition
NAME	SAMSON, DONNA	32 NAME	
STREET ADDRESS	5641 HAWKES BLUFF AVE	33 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	34 CITY - ST - ZIP	
TITLE	STD	41 TITLE	Change Addition
NAME	FIORILLI, PHYLLIS	42 NAME	
STREET ADDRESS	5641 HAWKES BLUFF AVE	43 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	44 CITY - ST - ZIP	
TITLE	PD	51 TITLE	Change Addition
NAME	FIORILLI, ALFONSO	52 NAME	
STREET ADDRESS	5641 HAWKES BLUFF AVE	53 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	Change Addition
NAME	MARIA FIORILLI	62 NAME	
STREET ADDRESS	5641 HAWKES BLUFF AVE	63 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33331	64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Michael Fiorilli* 1-7-97 305-885-8148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)