

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

APPROVED
AND
FILED

95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 589923 (2)		
1. Corporation Name MIAMI FASHION CENTER, INC.		

Principal Place of Business 1036 SW FIRST ST MIAMI FL 33130 US	Mailing Address 1036 SW FIRST ST MIAMI FL 33130 US
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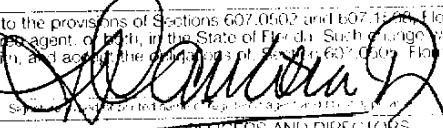
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33145	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33145	Country 25 US 30 US
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3. Date Incorporated or Qualified 10/26/1978	3a. Date of Last Report 06/19/1995
4. FEI Number 59-1868723	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. 193.032, Florida Statutes ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 1036 SW 1ST ST MIAMI FL 33130	
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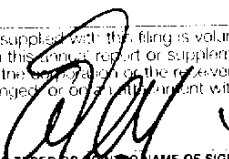
81 Name FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE # 200
83
84 City MIAMI
85 Zip Code FL 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 provisions of, Sections 607.0502, Florida Statutes.

SIGNATURE  **AMADA CANTERA LOPEZ, PRES** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST NIEVES, REY ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	2046 W. FLAGLER ST.	12 NAME	
STREET ADDRESS	MIAMI FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	PD ☐ DELETE	2.1 TITLE	
NAME	REY, ALFONSO	22 NAME	
STREET ADDRESS	2046 W FLAGLER STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE	64 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 a supplemental report with an address.

SIGNATURE:  **ALFONSO REY** DATE **5/29/96**

CR2E034 (12/95)