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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 589923

1. Corporation Name
MIAMI FASHION CENTER INC.

(2)

APPROVED AND FILED

97 MAY -1 PH 2: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MIAMI FA	ASHION CENTER, INC.				:				
Principal Place of Business 2300 CORAL WAY MIAMI FL 33145 US		Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511 US							
						<ol> <li>Date Incorporated or Qualified 10/26/1978</li> </ol>	3a, Date of 05/01/	of Last Re 1996	∍port
	ace of Business	2a. Mailing Address	<u> </u>			4, FEI Number 59-1868723			plied For
21 2300 ( Suite, Apt	CORAL WAY		26 2300 CORAL WAY Suite, Apt. #, etc.			39-1000123		<del></del>	t Applicable
22 # 200		27 # 200	27 # 200			5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & State 23 MIAMI	FLORIDA	City & State	City & State 28 MIAMI FLORIDA			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Ζφ	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24 33145	25 US	29 33145	30 US	3			Yes 🔲 N		
Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC.				81	Name	10. Name and Address of New Reg	listered Age	nt	
	HIDA ANNUAL REPUAT SERVA CORAL WAY	ES INC.							
#200			82 Street			ddress (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33145			83					
			}	84	City		FL	<b>15</b> Zip C	Code
11, Pursuani t	o the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the a	above-	named corp	poration submits this statement for the pr		anging its	s registered
office or no agent. Lar	egistered agent of both rin the Stat in familial with and accord the oblig	e/O/Florida, Such change was galon, pl. Section/60Z.0505, I	s authorize Florida Sta	ed by atutes.	the corporat	poration submits this statement for the pition's board of directors. I hereby accep	the appoint	ment as	registered
SIGNATURE	XXXIII	cul La	`	AMA	DA CAN	TERA LOPEZ.PRES	DATE DATE	<u>'/</u>	ZZ
12.	OFFICERS AN	ND DIRECTORS	13.		I EQUALUTE TECOU	ADDITIONS/CHANGES TO OFFIC		RECTOR	8 IN 12
111LF	ST	DELETE	1.1 (	TITLE				Change	Addition
NAME	NIEVES, REY		1.2 N	NAME					
STREET ADDRESS	2046 W. FLAGLER ST. MIAMI FL				address [			يعمر يعمر	-
CHY-ST-ZIF TITLE			1.4 C 2.1 T	CITY-ST	- ZiP	800002168538 -05/06/970100*-0250			OZ FAddition
NAME	DEV. ALEONOO			2.2 NAME		****16	5.00 i	   未来 	65.00
STREET ADDRESS	2046 W FLAGLER STREET		2.3 STREET ADDRESS		LDDRESS			_	
C-TY - ST - ZIP	MIAMI FL		2.40		r-ZIP				
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CITY-ST-ZIP TITLE		DELETE		CITY-ST	1-ZIF			Change	Addition
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STREET ADDRESS					NDDRESS				
C/(Y-ST-ZIP			4.4 0	CITY-ST	-ZIP				
<b>T</b> i-f		DELETE	5.1 1	TITLE				Change	Addition
NAME				NAME					1
STREET ADDRESS					ADDRESS	/			
City - St - ZiP		DELETE		CITY-ST TITLE	- ZIP	- 16		Change	Addition
TITLE NAME		F1 pereur		NAME	١.	(Y)5\'	<b></b>	arwillo '	- Supplied
STREET ADDRESS					ODRESS	H,			
CITY-S1-ZIP				CITY-ST		Υ			

14. I do hereby certify that the intermation 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 anglual 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 Brock 13 it changed, or on an attachment with an address.

SIGNATURE:

URE AND TYPES OR PRIVATED HAVE DE BROWNS OFFICER OR DIRECTOR

Daylime Pr

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CR2E034 (9/96)