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 # 593817

(0)

MODA ESPANOLA, INC.

FILED										
May	12	1997	8:00am							
Sec	FILED May 12 1997 8:00am Secretary of State									



Principal Place of Business Mailing			iling Address		T 1886 SE BING (BIBS 148) I DIBL SIGN (BIBN BIBN BIBN BIBN BIBN BIBN BIBN BI				
4724-26 SW 75 AVE MIAMI FL 33155 US		13800 SW 8TH ST PO BOX 145 MIAMI FL 33184-3032							
		U\$			3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1996				
2. Principal Pl	ace of Business	28. Mailing Addres	SS			4. FEI Number		A	pplied For
21		26		~		59-1873817			lot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired			Additional lequired
City & State	9	City & State				6. Election Campaign Financing		\$5.00) May Be
23		28	28			Trust Fund Contribution			to Fees
Zip	Country	Zip	7ip Country		'	8. This corporation has liability fo			s. 199.032,
24	25	29	30			Florida Statules	Yes [_	
	9, Name and Address of Curre	nt Registered Agent		_	r	10. Name and Address of New R	egistered /	Agent	
	ARES, BERTA			81	Name				
132	00 S. W. 12TH STREET			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
MIA	MI, FLORIDA D 33184			~	Olioot 7100	1000 (1.0. Dox 11011)DD 10 1101 11000pt	1510)		
	·			83					
•				84	City			85 Zip	Code
, dd Direction	to the man delice of Continue COZ Or I	00 241 00 11	Olet des the	<u> </u>	L		FL	abassins.	to contain a
11. Pursuant : office or re	egistered agent, or both, in the State m familiar with, and accept the oblic	of Florida, Such change e of Florida, Such change entires of Soction 607.0	a Statutes, the a le was authorize COE Elevido Sta	ed by	the corpora	poration submits this statement for the tion's board of directors. I hereby acc	purpose of ept the app	ointment a	s registered
SIGNATURE									
	Signature, typed or printed name of registered ag				nl signature requ	red when reinstating)	DATE OF DO AND	DIDECTO	DO IN 40
12.	DIFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CEHS AND	☐ Change	
TITLE	TABARES, BERTA	L D€1		IHLE	1			Change	E_3 Addition
NAME	13200 S. W. 12TH STREET			NAME					
STREET ADDRESS	MIAMI FL				ADDRESS				
CITY-ST-ZIP	MICMI FL	DEL		CITY-S	31 - 714			□ Čbanas	Addition
TITLE		L_J Utl		TITLE				L Change	L.] Addition
NAME				NAME					
STREET ADDRESS			2.8	STREET	ADDRESS				
CITY-ST-ZIP					S1 - ZIP				1 4 4 4 2 2 2 2 2
TITLE		☐ DEL		mu				L_J Change	Addition
NAME				NAME					
STREET ADDRESS			3.8	STREET	ADDRESS				
CITY-ST-ZIP					S1 - ZIP				
TITLE		☐ DEL		TITLE				L Change	Addilion
NAME				NAME					
STREET ADDRESS			4.8	STREET	ADDRESS				
CITY-ST-ZIP				CITY - S	T- 71P				
TITLE		DE4.		TITLE	-	•		☐ Change	Addition
NAME			5.P	NAME					
STREET ADDRESS			5.8	STREET	ADDRESS				
CITY-ST-ZIP				CITY - S	S1 - ZIP				
TITLE .		☐ DEL	ETE 6.1	TITLE		•		☐ Change	Addition
NAME			6.9	NAME					
STREET ADDRESS	·		6.B	STREE	ADDRESS				
CATY-ST-ZIP		•	6.4	слу-я	ST - ZIP				

14. I do hereby certify that the information supplied with this filling 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.