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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 672175

1. Corporation Name

REMY TAILOR CORPORATION						
Principal Place of Business	Mailing Address					
9814 S.W. 77TH AVE. MIAMI FL 33156	9814 S.W. 77TH AVE. MIAMI FL 33156					
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2 Principal Place of Business	2a Mailing Address					

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90106 022 ***150.00



Principal Place	e of Business	Mailing Address							
9814 S.W. 77Th		9814 S.W. 77TH AVE.				1			
MIAMI FL 3315	6	MIAMI FL 33156				DO NOT WRITE IN	THIS SP	ACF	
						3. Date Incorporated or Qualifed			
	manager and a second of the se	and a succession of the succes		,		06/03/1980			
2.0:=-10	N	2a. Mailing Address				4. FEI Number		\top	pplied For
─ '	lace of Business					59-2043746			ot Applicable
21	4	Suite, Apt. #, etc.				39 2043740			Additional
Suite, Apt.	#, etc.	⊢				5. Certificate of Status Desired	`		equired.
22		City & State				6 Flanting Co Project Financia			May Be
City & Stat	le .					6. Election Campaign Financing Trust Fund Contribution			r мау ве to Fees
23 Zin	Country	Zip	Co	untry		This corporation owes the current y	oor Intona		
Zip		⊢	30	Gitta y		Personal Property Tax.		Yes	⊠ No
24	9. Name and Address of Curre	nt Registered Agent	30	\top		10. Name and Address of New Regis			
	5. Name and Address of Cure	it Kadisteren Affert		81	Name				
107	ANO, REMIGIO				712				_
	4 S.W. 77TH AVE.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	MI FL 33156			83					
1911/-Q	III 1 E 30 130			03					
				84	City		Ci	35 Zip	Code
		00 1 00T 4500 Ft 11- 01-4	41				C L	naina it	e registered
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was a	ies, ine iuthorize	above ed by t	the corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	appointm	ent as r	egistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Sta	tutes.					,
SIGNATURE							ATE		
40	Signature, typed or printed name of registered age		Registere		signature require	ADDITIONS/CHANGES TO OFFICE		URECT	ORS IN 12
12.		ND DIRECTORS		ITLE		ADDITIONS/CHANGES TO CITTUE		Change	
TITLE '	PD	□ percie					_) Onengo	
NAME :	LOZANO, REMIGIO		- 1	NAME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33193		_	CITY-ST	-ZIP] Change	Addition
TITLE	STD	☐ DELETE	2,11	TITLE			٠	Change	
NAME	LOZANO, MARIA A.		2.21	NAME	}				
STREET ADDRESS	1		2.3 \$	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33193		2.4	CITY-ST	T- ZIP				
TITLE		☐ DELETE	3.11	MLE	1	•] Change	☐ Addition
NAME]		3.21	NAME					
STREET ADDRESS	1		3.3 5	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	CITY-SI	T-ZIP				
=MLE ======		DELETE	.4,1.1	IIILE				Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS	1		4.3 5	STREET	ADDRESS				
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TILE		☐ DELETE		IIILE] Change	☐ Addition
NAME	1	_		NAME					
	ì		5.3 9	STREET	ADDRESS				
STREET ADDRESS				CITY-ST					
CITY-ST-ZIP ·	<u> </u>	☐ DELETE		IIILE) Change	Addition
TITLE	The state of the state of		1	NAME			L	, c.ange	
NAME	ì				Abbassa				
STREET ADDRESS	1		6.3 8	SIREET	ADDRESS				

14. I 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 of 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, with all other like empowered.