FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 31 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 684389 (0)

1. Corporation Name
ELSIE FASHIONS, INC.

200001504432
-06/02/95--01027--009
****200.00 ****200.00

Principal Place of Business	Mailing Address
~~HIALEAH FL 33014~~	~~HIALEAH FL 33014~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 3801 W. 18TH AVE
22: Suite, Apt. #, etc:
23: City & State: Hialeah, Florida
24: Zip: 33012 Country: 25: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc:
28: City & State:
29: Zip: Country: 30:

4. FEI Number: 59-2027880 ☐ 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 § 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CROSA; SHENKMAN & ASSOC CPA'S
9495 SUNSET DR #B-295
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: RAUL GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable): 9124 N.W. 158 TERRACE
83:
84 City: MIAMI FL 85 Zip Code: 33018

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: X [signature] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	MARRERO, ELOIDA	12 NAME	
STREET ADDRESS	834 W 72 ST	13 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	MARRERO, ADALYS	22 NAME	
STREET ADDRESS	834 W 72 ST	23 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DOLORINDA CRUZ	32 NAME	
STREET ADDRESS	7776 W 2ND CT	33 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MARRERO, PAULA	42 NAME	
STREET ADDRESS	7776 W 2ND CT	43 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

SS 5/31/95

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)(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 13 above, or on an attachment with an address.

SIGNATURE: Adalys Marrero ADALYS MARRERO 4/18/95 305-556-8925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0063788 CP

FILE NOW: FILING FEE AFTER MAY [redacted]00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 691073

1. Corporation Name

Hollandia Homes Ltd., Inc
P O Box 2312, Bonita Springs, FL 33959

Principal Place of Business	Mailing Address
4083 Rita Ln Bonita Springs, FL 22923	P O Box 2312 Bonita Springs, FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: June 1982
3a. Date of Last Report: April 1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2247841 ☐ 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 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Norman W. Hollands
~~P O Box 2312~~
Bonita Springs, FL 33959
4083 Rita Ln, Bonita Springs, FL 33923

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME Hollands, Norman W. STREET ADDRESS ~~P O Box 2312~~ CITY ST ZIP Bonita Springs, FL 33959	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE NAME STREET ADDRESS 4083 Rita Ln., Bonita Springs CITY ST ZIP FL 33923	21 TITLE ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP -05/30/95--01019--015 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP RECEIVED BY MAY 1
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

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)(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: N.W. Hollands — APRIL 29/95 — 813-992-5782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
N. W. HOLLANDS