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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F86507

CORAL GABLES BRIDALS, INC.

(3)

FILED May 02 1997 8:00am Secretary of State



308 MIŘACLE MILE CORAL GABLES FL 33134		366 MIRACLE MILE CORAL GABLES FL 33134-5820									
						3, Date Incorporated or Quali 06/23/1982	fied		le of Last 2/1996		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number				Applied For	
1		26				59-2200389			Not Applicable		
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	d 		\$8.75 Additional Fee Required		
City & State	•	City & State				Election Campaign Financi     Trust Fund Contribution	ng			O May Be d to Fees	
Zip 4	Country 25	7(p	30	untry		This corporation has liability     Ftorida Statutes	y for ir		lax under	s. 199.032,	
<u></u>	g, Name and Address of Curren					10. Name and Address of Ne	w Reg	stered A	gent		
DE L	OS REYES, RAFAEL			B1	Name	SAUE					
	S.W. 45 TERR			82	Street Add		ontab'	(10			
	AI FL 33155				2 Street Address (P.O. Box Number is Not Acceptable) 5750 SW 45 Tw.						
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				84	City M	AMI		FL.	85 Zi	o Code <b>3/65</b>	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida	a Statutes, the a	abovo	named cor	poration submits this statement for	the pi	roose of	changing	ite registerer	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such chang ations of Section 607.0	je was authorize ISOS - Florida Sta	ed by atutes	the corpora	tion's board of directors. I hereby a	ассер	t the appo	ointment a	as registered	
SIGNATURE	שווים לו אין אין מואס מטטיים אין אין אין אין	5110 11 OI, 00011011 001 10	.000, 1 15/11/04 5/11								
SIGNATURE											
,	Signature, typed or printed name of registered ag-	ent and lit e if applicable	(NO1t Register	red Ago	int signature requ	red when reinstating)		DATE			
		ent and title if applicable D DIRECTORS	(NO1± Register		in signature requ	red when roinstating)  ADDITIONS/CHANGES TO (	OFFIC		DIRECTO	DRS IN 12	
12.	OFFICERS AN		13.		nd signature requ		OFFIC		DIRECTO		
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