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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(9)

MARIBLANCA FASHIONS, INC. Principal Place of Business Mailing Address % MARIBLANCA BRITO % MARIBLANCA BRITO 266 W 21 ST 266 W 21 ST HIALEAH FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 07/15/1982 2a. Mailing Address 06/07/1995 21 4. FEI Number 26 Applied For Suite, Apt. #, e-c 59-2204805 Suite Apt. #, etc. Not Applicable 22 27 5. Certificate of Status Desired \$8.75 Additional Crty & State City & State Fee Required 23 6. Election Campaign Financing 28 \$5.00 May Be Zin Trust Fund Contribution Country Zip Added to Fees Country 24 8. This corporation has liability for intangible tax under s 199.032, 25 29 9. Name and Address of Current Registered Agent 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 81 Name BRITO, MARIBLANCA 266 WEST 21ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and ther flag product druff Engistered Agent signature reprised the one ristating OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PΩ CR2E034 (12/95) DELFTE NAME 1 1 TITLE BRITO, MARIBLANCA ☐ Change ☐ Addition 1.2 NAME STREET ADDRESS 266 W. 21ST STREET 13 STREET ADDRESS CITY - ST - ZIP HIALEAH FL 14 CITY - SF-ZIP TITLE DELETE 2 1 TITLE NAME BRITO, ALEXIS 300001807956 Addition 2.2 NAME STREET ADDRESS 266 W 21ST STREET -05/06/96--01010--024 23 STREET ADDRESS CITY - ST- 2IP HIALEAH FL ***200.00 TITLE 24 CHY-ST-7P DELETE 3 1 TIFLE NAME BRITO, ERNESTO ☐ Change Addition 3.2 NAME STREET ADORESS 266 W. 21ST STREET 33 STREET ADDRESS CITY-ST-ZIP HIALEAH FL TITLE 3.4 CITY - ST - ZIF DELETE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 4.4 CITY - ST - ZIP DELETE 5.1 Table NAME ☐ Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP THILF 5 4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

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)(b). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 1 TITLE

6.2 NAME

63 STREET ADDRESS

DELETE