

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

FILED

Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G38256** (5)  
1. Corporation Name  
**D'OR FASHIONS CORPORATION**



Principal Place of Business

13790 A SW 56TH ST  
MIAMI FL 33175  
US

Mailing Address

13790 A SW 56TH ST  
MIAMI FL 33175-8033  
US

2. Principal Place of Business

21 7795 W. Flagler St

Suite, Apt. #, etc.

22 #9

City & State

23 Miami, Florida

Zip

24 33144

Country

25 U.S.A.

2a. Mailing Address

26 7795 W. Flagler St.

Suite, Apt. #, etc.

27 #9

City & State

28 Miami, Florida

Zip

29 33144

Country

30 U.S.A.

3. Date Incorporated or Qualified

05/12/1983

3a. Date of Last Report

04/23/1996

4. FEI Number

59-2284911

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

BENITEZ, ALBERTO  
3790 S.W. 139 PL.  
MIAMI FL 33175

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

(Signature of registered agent or registered agent and filed applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> DELETE |
| NAME           | BENITEZ, ALBERTO     |                                 |
| STREET ADDRESS | 3790 S.W. 139 PL.    |                                 |
| CITY-STATE-ZIP | MIAMI FL             |                                 |
| TITLE          | SD                   | <input type="checkbox"/> DELETE |
| NAME           | BENITEZ, REGINA      |                                 |
| STREET ADDRESS | 3790 S.W. 139 PL.    |                                 |
| CITY-STATE-ZIP | MIAMI FL             |                                 |
| TITLE          | TD                   | <input type="checkbox"/> DELETE |
| NAME           | BENITEZ, ORLANDO JR. |                                 |
| STREET ADDRESS | 10225 SW 9TH ST      |                                 |
| CITY-STATE-ZIP | MIAMI FL             |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-STATE-ZIP |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-STATE-ZIP |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-STATE-ZIP |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-STATE-ZIP |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-STATE-ZIP |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-STATE-ZIP |                                                                   |

14. I do 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 officer 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 or changed or on an attachment with an address.

SIGNATURE:

*Regina Benitez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGINA BENITEZ

3-7-97 (305) 261-7830  
Date Telephone

CR2E034 (9/96)