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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90051 023 \*\*\*150.00

## DOCUMENT # G51679

1. Corporation Name

ENEIDA	FASHIONS INC.		,				1		<b>_ _ _</b>	
	<del> </del>		4-31 4-1				-			<b>is</b> ii 1184 isi
Principal Place			Mailing Address							
11241 SW 40 S   MIAMI FL 33165			1241 SW 40 STREET NAMI FL 33165			•				
	•	,						WRITE IN THIS	SPACE	<del></del>
							3. Date Incorporated or Qua	alifed		
							07/26/1983			
<u> </u>	lace of Business		a. Mailing Address				4. FEI Number	•	<del></del>	olied For
21	# -4-	26	Suite, Apt. #, etc.				59-2372555		\$8.75 A	Applicable
Suite, Apt.	#, etc. ·	27	7				5., Certifcate of Status Desir	ed 🗌	Fee Re	1
22 City & State	<u> </u>	- 21	City & State	<del></del> -			6. Election Campaign Finan	cind	\$5.00	May Be
23	~ <del>~~~</del>	28	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				Trust Fund Contribution			Fees
Zip	Country	1.0	Zip	Col	untry		8. This corporation owes the	current year in		
24	25	29		30			Personal Property Tax.			□No
	9. Name and Addres		istered Agent		04	Mana	10. Name and Address of N	lew Registered	Agent	
DEM	A, JOSE R.	to a These to \$ Top			81	Name	•.	<u></u>	·	
SNE 1124	11 SW 40 STREET		• • •		82	Street Addre	ss (P.O. Box Number is Not Ad	ceptable)		
	WI FL 33165				83		A CALL DESCRIPTION OF THE PARTY	And the second	u eine bei bigine. Bij it Bigin big is	161: 6181: ISB
								2.11		
	•				84	City	W. S. Ash in this	FI	85 Zip C	ode"
{	to the beautifum of Conti	007.0500 1	007.4500 51.44-04-	hites the s	hove		pration submits this statement for	or the purpose of	f changing its	registered
11 Pursuant		ons 607.0502 and	607.1508. Florida Sta			⊱namea corpo				sintarod I
11. Pursuant	egistered agent, or both,	ons 607.0502 and in the State of Flor	rida. Such change was	authorize	d by t	rnamed corpo the corporation	pration submits this statement for n's board of directors. I hereby	accept the appo	intment as req	Jistered
agent. I a	egistered agent, or both, m familiar with, and acce	ons 607.0502 and in the State of Floi of the obligations of	607.1508, Florida Sta rida. Such change was of, Section 607.0505, I	authorize lorida Stat	d by t tutes.	-named corpo the corporation	n's board of directors. I hereby	accept the appo	intment as reç	nstered
11. Pursuant office or nagent. I a	egistered agent, or both, m familiar with, and acce	pt the obligations t	or, Section 607.0505, i	TUTICA STAT	iuies.		when reinstating)	DATE		
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agent. I a	Signature, typed or printed name Of	of registered agent and titl	le if applicable. (NC	TE: Registered  13.	d Agent		when reinstating)	DATE		
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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 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, with all other like empowered.

SIGNATURE: