Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90178 050 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** G62510

1. Corporation Name

G R INTERNATIONAL FASHIONS CORPORATION

G II IIII	ENHATIONAL LAGINONO O								
Principal Place of Business Mailing Address							Albir Efei		lifts ninst inst
2501 BRICKELL AVE. 2501 BRICKELL AVE. #701									
MIAMI FL 33129 MIAMI FL 33129						DO NOT WRITE IN THIS	SPAC	Æ	_ <del></del>
						3. Date Incorporated or Qualifed			
						09/13/1983			nlind For
Principal Place of Business     2a. Mailing Address						4. FEI Number	Applied For Not Applicable		
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						65-0029002	\$8.75 Additional		
						5. Certifcate of Status Desired		ee Re	
City & State		City & State				-6. Election Campaign Financing	·\$	5.00.	May.Be ÷≟⊸ ≀
23	28					Trust Fund Contribution Added to Fees			
Zip	Country Zip Cou			,		8. This corporation owes the current year Ir	tangibl	e	
24	25	29 30	0			Personal Property Tax.	ΩY		□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	t	
			81	N	ame				
REBOREDO, GASTON JR.				s	treet Addre	ss (P.O. Box Number is Not Acceptable)	<del></del> -		-
2566 JARDIN WAY						,			
WES	TON FL 33327		83						
			84	С	ity	FI	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.		ID DIRECTORS	13.	n ungi	ibiata roquiso	ADDITIONS/CHANGES TO OFFICERS A	ND DIF	RECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE					hange	Addition
NAME	GASTON, REBOREDO F			1.2 NAME					_
STREET ADDRESS	AREA BRIDGE AND AREA AREA			T ADI	RESS		•		_
CITY-ST-ZIP	MIAMI FL 33129			T-ZIF	,				
TITLE	SDVP DELETE 21						□ C	hange	☐ Addition
NAME	F F 11			2.2 NAME					
STREET ADDRESS				T ADI	RESS				
CITY-ST-ZIP				ST-ZI	P				
TITLE	☐ DELETE 3.1						□c	hange	☐ Addition
NAME	3		3.2 NAME						
STREET ADDRESS			3.3 STREET	T ADI	ORESS				
CITY-ST-ZIP			3.4. CITY-S	ST-ZI	Р				
TITLE	☐ DELETE						□c	hange	☐ Addition
NAME			4. 2 NAME						1
STREET ADDRESS			4.3 STREET	TADI	DRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIS					
TITLE		☐ DELETE	5.1 TITLE				По	hange	☐ Addition (
NAME			5.2 NAME				_		
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP			5.4 CITY-ST 6.1 TITLE	r-ZIF	<u> </u>			hares	Addition
TITLE		☐ DELETE					По	hange	
NAME			6.2 NAME 6.3 STREET	יחג ד	npess				
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GASTON REBONEDO JR