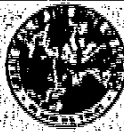


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -7 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G96991

(6)

1. Corporation Name

ELIA'S DESIGNER CLOTHING, INC.

Principal Place of Business

C/O ERIC CARBALLO
2404 S.W. 20TH STREET
MIAMI FL 33145

Mailing Address

2749 CORAL WAY
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/16/1984

3a. Date of Last Report

06/28/1994

4. FEI Number

59-2424897

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2749 CORAL WAY

City & State

MIAMI

Zip Country

33145 FL

2a. Mailing Address

26

Suite, Apt. #, etc.

2749 CORAL WAY

City & State

MIAMI

Zip Country

33145 FL

10. Name and Address of New Registered Agent

81 Name

CARBALLO DE ARIAS, MARICELA

82 Street Address (P.O. Box Number is Not Acceptable)

5708 LEJUNE RD.

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

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. OFFICERS AND DIRECTORS

TITLE PD
NAME CARBALLO DE ARIAS, MARICELA
STREET ADDRESS 5708 LEJUNE RD.
CITY - ST - ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the
certify that the information indicated on this annual report or supplemental annual report is true and accurate an
only; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this rep
appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Maricela Carballo de Arias
Maricela Carballo de Arias

in Section 110.07(3)(k), Florida Statutes, I further
shall have the same legal effect as if made under
Chapter 607, Florida Statutes; and that my name

6/14/95

443-8979