FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
~~C/O ERDIO CARBALLO~~ ~~2494 S.W. 20TH STREET~~ ~~MIAMI FL 33145~~	2749 CORAL WAY MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1994
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 2749 CORAL WAY	Suite, Apt. #, etc. 27
City & State 23 MIAMI	City & State 28
Zip / Country 24 33145 / 25 FL	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent

~~MARICELA CARBALLO DE ARIAS~~
~~5708 LE JEUNE RD.~~
~~CORAL GABLES FL 33146~~

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CARBALLO DE ARIAS, MARICELA	1.2 NAME	
STREET ADDRESS	5708 LEJEUNE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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... oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this re... appears in Block 12 or Block 13 if changed, or on an attachment with an address. ... 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

SIGNATURE: Maricela Carballo de Arias 6/14/95 443-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Maricela Carballo de Arias

0139248 CP