

FILED



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

May 13 1998 8:00am
Secretary of State

DOCUMENT # G96991 (6)
1. Corporation Name
ELIA'S DESIGNER CLOTHING, INC.



Principal Place of Business	Mailing Address
2749 CORAL WAY MIAMI FL 33145 US	2749 CORAL WAY MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/16/1984

2. Principal Place of Business		2a. Mailing Address	
21	2434 SW 20 ST Suite, Apt # etc	26	2434 SW 20 ST. Suite, Apt # etc
22	City & State	27	City & State
23	Miami, Florida	28	Miami, Florida
24	Zip	29	Zip
25	Country	30	Country
	33145 Dade		33145 Dade

4. FEI Number	Applied For
59-2424897	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARICELA, CARBALLO DEARI
5708 LE JUNE ROAD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

B1	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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B3

84	City
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FL

5	Zip Code
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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 reinslating)

DATE _____

12.		OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	PD		
NAME	CARBALLO DE ARIAS, MARICELA		
STREET ADDRESS	5708 LEJEUNE RD.		
CITY - ST - ZIP	CORAL GABLES FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carballo de Arias, Maricela
1.3 STREET ADDRESS	2434 SW 20 ST.
1.4 CITY - ST - ZIP	Miami, FL - 33145

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE:

changed, or on an attachment with an address.

David L. Cantello & Quiers 4/29/98

CP2E034 (10/97)