

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

CORPORATION,  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Teresa H. Manter  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

95 MAY -1 AM 8:33

DOCUMENT # **H18932**

(4)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RAQUEL'S FASHION SHOES, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 128 N.E. 1ST AVENUE HALLANDALE FL 33009		2a. Mailing Address 128 N.E. 1ST AVENUE HALLANDALE FL 33009		3. Date incorporated or created 08/30/1984	3a. Date of Last Report 05/01/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FIC Number 59-2456515		Applied For <input type="checkbox"/> Not Applicable	
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KOZLOWSKI, HARRY 19390 COLLINS AVENUE, #1208 N. MIAMI BCH. FL 33160</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				85. Zip Code		FL	

11. Pursuant to the provisions of Sections 607.07(2) and 607.1508, Florida Statutes, this filer hereby certifies that this statement for the purpose of changing the registered office or registered agent is true to the best of his/her knowledge. This 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 Sections 607.07(2) Florida Statutes.

SIGNATURE: *HARRY KOZLOWSKI* DATE: *4/25/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PD KOZLOWSKI, HARRY 19390 COLLINS AVE #1208 N. MIAMI BEACH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY AND ZIP		4. CITY AND ZIP	
OFFICER	VSD KOZLOWSKI, RACHEL S. 19390 COLLINS AVE #1208 N. MIAMI BEACH FL	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY AND ZIP		8. CITY AND ZIP	
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY AND ZIP		12. CITY AND ZIP	
OFFICER		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY AND ZIP		16. CITY AND ZIP	
OFFICER		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY AND ZIP		20. CITY AND ZIP	

14. I, the filer, certify that the information supplied with this filing is substantially true and correct, and equally for the description stated in Section 607.07(2) and Florida Statutes. I further certify that the information filed 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. I am an officer or director of the corporation or the resident or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: *HARRY KOZLOWSKI* DATE: *4/25/95* 307-4542298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR