

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K19410** (5)

1. Corporation Name

JORDAL FASHION INC.



Principal Place of Business

Mailing Address

% ELVIRA NOY
9807 N.W. 80TH AVENUE, #11A
HIALEAH GARDENS FL 33016

% ELVIRA NOY
9807 N.W. 80TH AVENUE, #11A
HIALEAH GARDENS FL 33016

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

NOY, ELVIRA
~~9807 N.W. 80TH AVE~~ 9807 N.W. 80TH AVE
#12-B
HIALEAH GARDENS FL 33016

3. Date Incorporated or Qualified
03/28/1988

3a. Date of Last Report
03/15/1995

4. FEI Number

65-0041049

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 interjurisdictional tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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 607.0502 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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NOY, ELVIRA	
STREET ADDRESS	5150 W. 12TH AVE. #104 1363 W 43RD PLACE	
CITY-STATE-ZIP	HIALEAH FL 33012	
TITLE	D	☐ DELETE
NAME	NOY, ELVIRA	
STREET ADDRESS	5150 W. 12TH AVE. #104 1363 W 43RD PLACE	
CITY-STATE-ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

1000001 255811
-03/25/96-01030-034
**4700.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

55 3-22-96

CR2E034 (12/95)