FILE NOW: FILING FEE AFTER MAY 1 IS \$550. FILED **PROFIT** Apr 23 1997 8:00am FLORIDA DEPARTMENT OF ATE CORPORATION Sandra B. Morths ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORAT OCUMENT # **K32983** LUCIA FASHIONS, INC. Principal Place of Business Mailing Address 1863 NW 20TH STREET 1863 NW 20TH STREET MIAMI FL 33142-7431 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1988 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0071065 Not Applicable 21 26 Surte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 **Trust Fund Contribution** 28 Coun 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **GUERRERO, LUCIA** 830-6 NW 106 AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 83 **B4** City Zip Code 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE 1016 **GUERRERO, RICARDO** NAME 1.2 NAME 702 N.W. 134TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - 2IP CITY - ST - ZIP STD DELETE 2.1 TITLE Change ___ Addition THE **GUERRERO. LUCIA** NAME 2.2 NAME 702 N.W. 134TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE ■ Addition THE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THEF 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition THUE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

City-St-7IP

14. I do 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 emproved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Chapter 607 and the receiver of the corporation or the receiver or trustee emproved to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.4 CITY-ST-ZIP

6.1 THILE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CHY-S1-7#

STREET ADDRESS

TITLE

NAME

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

DELETE

× 4/16/97 ×(305)326-8/64

Addition

☐ Change