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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 10:40

DOCUMENT # K56678 (1)

1. Corporation Name
B.B. FASHIONS OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
% MANUEL MAZAIRA 208 WASHINGTON AVENUE HOMESTEAD FL 33030	% MANUEL MAZAIRA 208 WASHINGTON AVENUE HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1989
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0091683 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAZAIRA, MANUEL
13911 SW 27TH TERR.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: DELGADO, EVENGELINA
82 Street Address (P.O. Box Number is Not Acceptable): 208 Washington Avenue
83
84 City: Homestead FL 85 Zip Code: 33030

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: Evangelina Delgado
(Signature, typed or printed name of registered agent (if any) if applicable.)
Evangelina Delgado, Pres. (NOTE: Registered Agent signature required when reinstating)
DATE: 1/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAZAIRA, MANUEL	1.2 NAME	DELGADO, EVANGELINA	
STREET ADDRESS	220 WASHINGTON AVE	1.3 STREET ADDRESS	208 Washington Avenue	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	MAZAIRA, MINERVA	2.2 NAME	DELGADO, RENE T.	
STREET ADDRESS	220 WASHINGTON AVE	2.3 STREET ADDRESS	208 Washington Avenue	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Homestead, FL 33030	
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 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: Evangelina Delgado 1/23/95 305-245-1955
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) — Date — Daytime Phone #

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