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PROFIT CORPORATION ANNUAL REPORT



F♦ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996		DIVISION OF CO	OFFORATIONS			
DOCUM 1. Corporation	MENT # K842	248	(9)				
MONA	LISA FASHIONS, CORP.) I A BRAILL BOLL IN IN A NAID FIA	HA MARAK NGAL ARAK M	ION ONAN ETOT BEGIN ONAN NE
Principal Place	of Business	Mailing Add	dress				
2660 W 2 A	VENUE	•	2 AVENUE				
HIALEAH FL	- -	-	H FL 33010	1			
					3. Date Incorporated or Qualifi 05/01/1989		of Last Report)4/28/1995
. Principal Pla	ace of Business	2a. Mailing	Address		4. FEI Number		Applied For
Suite Apt. #	f, etc.	26 Suite, A	pt. #, etc.		65-0120506		Not Applicab
		27	*		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & S	itate		Election Campaign Financin Trust Fund Contribution	g 🔲	\$5.00 May Be
Zıp	Country	Zip		ntry	This corporation has liability	for intangible ta	Added to Fees x under s. 199.032.
L	25	[29]		30	Florida Statutes	Yes 🗌 No	
	9. Name and Address of Curr	rent Registered Ag	jent	81 Name	10. Name and Address of Ne	w Registered	Agent
PARIE	E. ENEIDA						
	, ENCIDA 12 AVENUE			82 Street	Address (P.O. Box Number is Not Acce	otable)	
	H FL 33010			83			
							,,
				84 City		FL	85 Zip Code
				B !			
Pursuant to or registers	the provisions of Sections 607.05	02 and 607.1508, F	lorida Statutes,	the a ove named co	prporation submits this statement for the	purpose of cha	nging its registered offi
Pursuant to or registere familiar with	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic n, and accept the obligations of, Se	02 and 607.1508, F orida: Such change ection 607.0505, Flo	lorida Statutes, was authorized l inda Statutes.	the a love named co by the corporation's	prporation submits this statement for the board of directors. Thereby accept the	purpose of cha appointment as	nging its registered offi registered agent. I am
GNATURE	i, and accept the congations of, of	30110-1 607.0505, FIQ	nda Statutes.			purpose of cha appointment as	nging its registered offi registered agent. I am
GNATURE.	Signature, typed or peritbet name of registered as	estion out the face wable	nda Statutes.	Flagadoer: Agent signature n	supposed where real statings	purpose of cha appointment as	
GNATURE _	Signature, typed or peritbet name of registered as	ect and one of accordate	nda Statutes.	Flagashaer: Agent signature o		purpose of cha appointment as DATE DEFICERS AND	DIRECTORS IN 12
GNATURE	Signature, typed or printed name of registrical ap	ect and one of accordate	(Note)	Flagadoer: Agent signature n	supposed where real statings	purpose of cha appointment as DATE DEFICERS AND	
GNATURE	Signature, typed or printed name, of registered at OFFICERS A	ect and one of accordate	(Note)	Prignitiven Agent signature of 13.	supposed where real statings	purpose of cha appointment as DATE DEFICERS AND	DIRECTORS IN 12
GNATURE	OFFICERS A PD ROQUE, ENEIDA	ect and one of accordate	(Note)	Pergedituent Agent signature no. 13. 1 1 TITLE 1.2 NAME	supposed where real statings	purpose of cha appointment as DATE DEFICERS AND	DIRECTORS IN 12
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GNATURE: 2. **LEF** **ME** **REET ADCRESS* **IY-ST-ZIP** **LE** **ME** **REET ADDRESS* **IY-ST-ZIP* **LE** **ME** **REET ADDRESS* **REET ADDRES	PD ROQUE, ENEIDA 832 W. 75 STREET HIALEAH FL VD ROQUE, ISIDRO, JR. 832 W. 75 STREET HIALEAH FL SD CANCIO, JULIO 7020 W. SECOND WAY HIALEAH FL TD CANCIO, MARIA 7020 W. SECOND WAY	Professional State Catherina Catheri	DELETE DELETE DELETE DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 TITLE 6 TITLE	ADDITIONS/CHANGES TO C	DATE DEFICERS AND Street	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
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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 namappears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MATTIA LASCIO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

196 888-664