

**CORPORATION
ANNUAL REPORT
1995**

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

FILED

95 MAY -1 PM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01909** (5)

1. Corporation Name

FASHION EXPLOSION, INC.

Principal Place of Business

540 NW 28TH ST
4400 CORAL WAY 6TH FLOOR (SEE BELOW)
MIAMI FL 33127

Mailing Address

3400 CORAL WAY 6TH FL (SEE BELOW)
STE 600
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/13/1989

3a. Date of Last Report
05/01/1994

4. FBI Number
65-0151951

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 intangible tax under S. 199.022,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 540 NORTHWEST 28TH ST.

2a. Mailing Address

26 C/O J A D & COMPANY P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 3400 CORAL WAY, 6TH FLOOR

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33127

Country

25 U.S.A.

Zip

29 33145

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DIAZ, JORGE ANDRES
3400 CORAL WAY
SUITE 601
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 date if separated)

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MELENDEZ, RAUL D.
STREET ADDRESS	1901 BRICKELL AVE B 705
CITY - ST - ZIP	MIAMI FL
TITLE	VO
NAME	MELENDEZ, RAUL
STREET ADDRESS	1901 BRICKELL AVE #8-B
CITY - ST - ZIP	MIAMI FL
TITLE	Y
NAME	MELENDEZ, MELBIS
STREET ADDRESS	1901 BRICKELL AVE #8-B
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	DIAZ, JORGE ANDRES
STREET ADDRESS	3400 CORAL WAY 6TH FL
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	MELENDEZ, RAUL D.	
13 STREET ADDRESS	1901 BRICKELL AVENUE, UNIT B-702	
14 CITY - ST - ZIP	MIAMI, FLORIDA 33129	
21 TITLE	C/D	☒ Change ☐ Addition
22 NAME	MELENDEZ, RAUL	
23 STREET ADDRESS	1901 BRICKELL AVENUE, UNIT PH-10B	
24 CITY - ST - ZIP	MIAMI, FLORIDA 33129	
31 TITLE	T/D	☒ Change ☐ Addition
32 NAME	MELENDEZ, MELBIS	
33 STREET ADDRESS	1901 BRICKELL AVENUE, UNIT PH-10B	
34 CITY - ST - ZIP	MIAMI, FLORIDA 33129	
41 TITLE	S/D	☒ Change ☐ Addition
42 NAME	DIAZ, JORGE ANDRES	
43 STREET ADDRESS	3400 CORAL WAY, STE. 601	
44 CITY - ST - ZIP	MIAMI, FLORIDA 33145	
51 TITLE	V/D	☐ Change ☒ Addition
52 NAME	MELENDEZ, ALEJANDRO F.	
53 STREET ADDRESS	3601 SOUTHWEST 58TH COURT	
54 CITY - ST - ZIP	MIAMI, FLORIDA 33155	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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 13, if changed, or on an attachment with an address.

SIGNATURE:

Melbis Melendez
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

TREASURER/DIRECTOR 04-26-95 (305) 576-3123

(Signature)

(Typed Name)