

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

DOCUMENT # L03264 (3)

1. Corporation Name

MAYTE FASHION, INC.

Principal Place of Business

**4391 SW 1 ST
MIAMI FL 33134**

Mailing Address

**4391 SW 1 ST
MIAMI FL 33134**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

29

30

Country

Country

City

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASANUEVA, TERESITA
4391 SW 1 ST
MIAMI FL 33134**

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 and 608 and 609, Florida Statutes, the above named corporation submits the 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if changing registered agent, attach signature of new agent)

Signature of Registered Agent (if changing registered agent, attach signature of new agent)

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY & STATE
TITLE
NAME
STREET ADDRESS
CITY & STATE
TITLE
NAME
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STREET ADDRESS
CITY & STATE
TITLE
NAME
STREET ADDRESS
CITY & STATE

**PTD
CASANUEVA, TERESITA
4391 SW 1 ST
MIAMI FL**
**VSD
CASANUEVA, MAYLIN
4391 SW 1 ST
MIAMI FL**

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

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and that I am qualified to execute this report as required by Chapter 190, Florida Statutes, and that my signature is duly attested by the Secretary of State. I further certify that the information supplied in 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 this corporation or have been appointed to execute this report as required by Chapter 190, Florida Statutes, and that my signature appears in Block 12 or Block 13 as required or as an attachment with an address.

SIGNATURE: *Teresita Casanueva* *Res: 108 NT* *4/10/95* *(305) 634-2332*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR