

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY -1 1995 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13658

(4)

1. Corporation Name

EMBASSY FASHION, INC.

Principal Place of Business

200 RIALTO PLACE
MELBOURNE FL 32901

Mailing Address

200 RIALTO PLACE
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1989

3a. Date of Last Report

04/19/1994

4. FEI Number

59-0845517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVNANI, VASHI
200 RIALTO PLACE
MELBOURNE FL 32901

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 607.1506, 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

(If the individual is not a natural person, the signature is not applicable.)

(If the individual is not a natural person, the signature is not applicable.)

86

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PSD DEVNANI, VASHI 1361 HELVESTON ST. N.W. MELBOURNE FL
STREET ADDRESS	
CITY, ST. ZIP	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
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STREET ADDRESS	
CITY, ST. ZIP	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is truthfully furnished and checked equally for this corporation as stated in Sections 199.032, 607.1506, Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13, if filed as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vashi Devnani, President. 4/13/95