

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L20297**

(2)

1. Corporation Name
SUPER FASHIONS X, INC.



Principal Place of Business 301 SW 70TH AVENUE MIAMI FL 33155 1865 N.W. 20th St Miami, Fl. 33142	Mailing Address 301 SW 70TH AVENUE MIAMI FL 33155 Same
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3. Date Incorporated or Qualified 10/02/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0149486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22. City & State 23	27. City & State 28
24. Zip 25	29. Zip 30

9. Name and Address of Current Registered Agent LOPEZ, ARMANDO 1865 N.W. 20TH AVENUE MIAMI FL 33142	
81. Name Armando Estrada	82. Street Address (P.O. Box Number is Not Acceptable) 1865 N.W. 20th ST
83. City Miami,	84. Zip Code FL 33142

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 *Armando Estrada* **Armando Estrada- President** **03-21-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PX	<input type="checkbox"/> DELETE	1.1 TITLE PST/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, ARMANDO		1.2 NAME Armando Estrada	
STREET ADDRESS 1865 N.W. 20TH AVENUE		1.3 STREET ADDRESS 1865 N.W. 20th ST	
CITY - ST - ZIP MIAMI FL		1.4 CITY - ST - ZIP Miami, Fl. 33142	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		2.2 NAME Elisa Estrada	
STREET ADDRESS 		2.3 STREET ADDRESS 1865 N.W. 20th ST.	
CITY - ST - ZIP 		2.4 CITY - ST - ZIP Miami, Fl. 33142	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		3.2 NAME 	
STREET ADDRESS 		3.3 STREET ADDRESS 	
CITY - ST - ZIP 		3.4 CITY - ST - ZIP 	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME 	
STREET ADDRESS 		4.3 STREET ADDRESS 	
CITY - ST - ZIP 		4.4 CITY - ST - ZIP 	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY - ST - ZIP 		5.4 CITY - ST - ZIP 	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Armando Estrada* **3-21-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0211409

CR2E034 (9/96)