

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L40211** (9)

1. Corporation Name

CAR-MAR FASHIONS, INC.



Principal Place of Business

Mailing Address

**4340 SW 73RD AVE.
15617 SW 62ND ST
MIAMI FL 33155
US**

**% CARLOS CHINEA
15617 SW 62ND ST
MIAMI FL 33193**

3. Date Incorporated or Qualified

12/18/1989

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHINEA, CARLOS
15617 SW 62ND ST
MIAMI FL 33193**

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 person signing this document

Signature typed or printed name of person signing this document

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE

☐ Change ☐ Addition

NAME **D CHINEA, CARLOS**
STREET ADDRESS **15617 SW 62 ST.**
CITY-ST-ZIP **MIAMI FL**

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

2. TITLE

☐ Change ☐ Addition

NAME **D CHINEA, MARIA EUGENIA**
STREET ADDRESS **15617 SW 62ND ST**
CITY-ST-ZIP **MIAMI FL**

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

3. TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

4. TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

5. TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

6. TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 119.07(3)(k), 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 president or trustee or person 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (305) 265-0802

CR2E034 (12/95)