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

APPROVED AND FILED

[illegible] 1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L47107 (2)

1. Corporate Name
441 TAILORS, INC.

Principal Place of Business
1300 N.W. 192ND ST.
MIAMI FL 33169
US

Mailing Address
195 61ST N.W. 2ND AVE.
MIAMI FL 33169
US

3. Date Incorporated: 02/02/1990
3a. Date of Last Report: 11/28/1994

2. Principal Place of Business
21
Cont. Apt. #
22
City, State
23
24 25

2a. Mailing Address
26
Cont. Apt. #
27
City, State
28
29 30

4. FEI Number: 65-0171369
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Disclosure Statement Attached ☐ $5.00 May Be Added to Fees

8. Does corporation qualify for exemption under Section 607.0505, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRISON, DON
9600 CUTLER RIDGE DR.
SUITE 1N
MIAMI FL 33157

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. The undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent.

Signature

12. Officers and Directors

D
REID, LASCELLES
1300 NW 192 ST
MIAMI FL

13. Additional Officers and Directors

☐ Delete ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LASCELLES REID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 305 651 7080

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