

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

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99 SEP -2 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L52349

1. Corporation Name **BRANCA Children's Wear, INC**

Principal Place of Business Mailing Address  
**14750 SW 56 Street  
MIAMI FLA 33185**

200002982822--3

-09/09/99--01073--015  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **14750 SW 56 ST** 26 **AMEL**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **MIAMI FLA** 27 **MIAMI FLA**  
City & State City & State  
23 **33185** 28 **MIAMI FLA**  
Zip Country Zip Country  
24 **33185** 25 **MIAMI FLA** 29 **MIAMI FLA** 30 **MIAMI FLA**

3. Date Incorporated or Qualified  
**FEB 20, 1990**  
4. FEI Number **65-022-8864** Applied For  
Not Applicable  
5. Certificate of Status Desired **X** \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**Ybis Brutti  
20600 DOTHAN ROAD  
MIAMI FLA 33189**

10. Name and Address of New Registered Agent  
81 Name **Ybis Brutti**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**20600 DOTHAN ROAD**  
83 **MIAMI FLA 33189**  
84 City **MIAMI** FL 85 Zip Code **33189**

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 **X [Signature]** DATE

| 12. OFFICERS AND DIRECTORS |                                            |                         |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                |                          |                        |
|----------------------------|--------------------------------------------|-------------------------|------------------------|-------------------------------------------------------|--------------------------------|--------------------------|------------------------|
| TITLE                      | NAME                                       | STREET ADDRESS          | CITY-ST-ZIP            | 1.1 TITLE                                             | 1.2 NAME                       | 1.3 STREET ADDRESS       | 1.4 CITY-ST-ZIP        |
|                            | <b>Hilda M. Interiano</b>                  | <b>11920 SW 135 AVE</b> | <b>MIAMI FLA 33186</b> |                                                       | <b>Ybis Brutti - President</b> | <b>20600 DOTHAN ROAD</b> | <b>MIAMI FLA 33189</b> |
|                            | <input checked="" type="checkbox"/> DELETE |                         |                        |                                                       |                                |                          |                        |
| TITLE                      | NAME                                       | STREET ADDRESS          | CITY-ST-ZIP            | 2.1 TITLE                                             | 2.2 NAME                       | 2.3 STREET ADDRESS       | 2.4 CITY-ST-ZIP        |
|                            |                                            |                         |                        |                                                       |                                |                          |                        |
|                            | <input type="checkbox"/> DELETE            |                         |                        |                                                       |                                |                          |                        |
| TITLE                      | NAME                                       | STREET ADDRESS          | CITY-ST-ZIP            | 3.1 TITLE                                             | 3.2 NAME                       | 3.3 STREET ADDRESS       | 3.4 CITY-ST-ZIP        |
|                            |                                            |                         |                        |                                                       |                                |                          |                        |
|                            | <input type="checkbox"/> DELETE            |                         |                        |                                                       |                                |                          |                        |
| TITLE                      | NAME                                       | STREET ADDRESS          | CITY-ST-ZIP            | 4.1 TITLE                                             | 4.2 NAME                       | 4.3 STREET ADDRESS       | 4.4 CITY-ST-ZIP        |
|                            |                                            |                         |                        |                                                       |                                |                          |                        |
|                            | <input type="checkbox"/> DELETE            |                         |                        |                                                       |                                |                          |                        |
| TITLE                      | NAME                                       | STREET ADDRESS          | CITY-ST-ZIP            | 5.1 TITLE                                             | 5.2 NAME                       | 5.3 STREET ADDRESS       | 5.4 CITY-ST-ZIP        |
|                            |                                            |                         |                        |                                                       |                                |                          |                        |
|                            | <input type="checkbox"/> DELETE            |                         |                        |                                                       |                                |                          |                        |
| TITLE                      | NAME                                       | STREET ADDRESS          | CITY-ST-ZIP            | 6.1 TITLE                                             | 6.2 NAME                       | 6.3 STREET ADDRESS       | 6.4 CITY-ST-ZIP        |
|                            |                                            |                         |                        |                                                       |                                |                          |                        |
|                            | <input type="checkbox"/> DELETE            |                         |                        |                                                       |                                |                          |                        |

14. I 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 a  
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, with all other like empowered.

SIGNATURE: **X [Signature]** DATE **7/16/99** 305-385-2400