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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name M02711

(3)

MARG	ΔΡΙΤΔ	FASH	MO	INC.

MANGANITA FASITION INC.				
Principal Place of Business	Mailing Address			BA BION OFOUR DIBUT OLDER OF BION OF BIRTH FOOT
5611 W. 21 AVE	5611 W. 21 AVE			
HIALEAH GARDEN FL 33016-2636	HIALEAH GARDEN FL 3	3016-2636		
			3. Date Incorporated or Qualified	3a. Date of Last Report
			07/10/1984	01/25/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2428206	Not Applicable
Suite, Apt. #. etc.	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State		6. Election Campaign Financing	55.00 May Be
City & State	City & State		Trust Fund Contribution	Added to Fees
Zip Country	Z(p	Country	8. This corporation has liability for i	·
24 25	29	30	Florida Statutes	
g. Name and Address of C	urrent Registered Agent		10. Name and Address of New R	egistered Agent
		81 Nanya	GULD, JACQUE	LINE LOUREIRS
LOUREIRO, JACKELINE		82 Street Ad	idress (P.O. Box Number is Not Acceptab	le)
5611 W. 21 AVE.		83	611 W. 21 AVE	•
HIALEAH GARDEN FL 33016		63		
		84 Gity	VICALI GARNOUS	FL 85 Zio Code //
11. Pursuant to the provisions of Sections 607	7 0502 and 607 1508. Florida Statutes	the above named con	poration submits this statement for the pur	mose of changing its registered office
or registered agont, fulboth, in the State of ferrillar with, and action the all gradients of	of Florida, Such change was authorized	by the corporation's b	oard of directors. I hereby accept the app	ointment as registered agent. I am
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	AVA A A A A A A A A A A A A A A A A A A			1/20/96
SIGNATURE Superior type to part of manual of registers	en a joint and into it applicable (NOTE	Rugistered Agent signature req		DAIL
12. OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
HEF PD	☐ DELETE	1. 1 TITLE	VD	Change Addition
NAME COUREIRO, MARGARI	TA	1 2 NAME	ANGULO, JACQUE	INE, LOURETRO
STREET ADDRESS 5611 W. 21 AVE.		1 3 STREET ADDRESS	EXII W. ZIAVE HIALEAH GARD	als FL 330/6
THY-S1-70F HIALEAH GARDEN FL	[ ] DELETE	1 4 CHY-ST-ZIP 2 1 TIBLE	HALLENN CHILL	Change Addition
N-64F		2 2 NAME		<u> </u>
SIBIL ADDRESS		2 3 STREET ADORESS		
CDV-SLZP		2 4 CITY - ST - ZIP		
101.8	DELETE	3 1 T∷TLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STHEET ADDRESS		
City-S1-78		3 4 CITY - ST - ZIP		□ Change □ Addition
1016	DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
S'REL ADDRESS		4.3 STREET ADDRESS		
CHY-SY-ZIE Tell4	DELETE	4.4 CHTY - ST - ZIP 5.1 TIFLE		☐ Change ☐ Addition
NAM:		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
00 ¥ \$1-72°		5 4 CITY-ST-ZIP		
Till,E	☐ DELETE	6 1 THTLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City - S1 - ZiP		6 4 CITY - ST - ZIP		07/0/03 Flying Contides 16 dbg
14. I do hereby certify that the information su	ipplied with this filing is voluntarily furnis	shed and does not qual	ity for the exemption stated in Section 1,18	.uz(3)(k), Florida Statutes. Hurther

I do noreby 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 part; 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: PLAN WILLA JAMES SIGNING OFFICER OR DIRECTOR

01-20-96 (305) 825-9457