

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M37196** (6)

1. Corporation Name:

CAR LA DESIGNERS FASHION, INC.

Principal Place of Business:

**340 SEVILLA AVENUE
CORAL GABLES FL 33134
US**

Mailing Address:

**340 DEVILLA AVENUE
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
08/22/1986

3a. Date of Last Report
04/29/1994

4. FEI Number
59-2907206

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under FS 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

2a. Mailing Address:

21 Suite Apt #, etc

26 Suite Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARECHAVALETA, CARMEN
340 SEVILLA AVENUE
CORAL GABLES FL 33134**

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 of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (9-12)

14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP

**PSD
ARECHAVALETA, CARMEN
2900 DE SOTO BLVD.
CORAL GABLES FL**

17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP

☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY, ST, ZIP

**VD
ARECHAVALETA, LILIAN M.
2900 DE SOTO BLVD.
CORAL GABLES FL**

24 TITLE
25 NAME
26 STREET ADDRESS
27 CITY, ST, ZIP

☐ Change ☐ Addition

Please delete

28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP

**TD
RECIO, CRISTINA A
240 MIRAMAR WAY
W PALM BCH FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

Please delete

35 NAME
36 STREET ADDRESS
37 CITY, ST, ZIP

38 TITLE
39 NAME
40 STREET ADDRESS
41 CITY, ST, ZIP

☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

45 TITLE
46 NAME
47 STREET ADDRESS
48 CITY, ST, ZIP

☐ Change ☐ Addition

49 NAME
50 STREET ADDRESS
51 CITY, ST, ZIP

52 TITLE
53 NAME
54 STREET ADDRESS
55 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and checked equally for the compliance stated in the law. I hereby certify that the information included 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 person or persons empowered to execute this report as required by a regulation of Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: **Carmen Arechavaleta**

Signature and typed or printed name of signing officer or director

4/20/95