

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M48412**

(4)

1. Corporation Name

ORIGINALS BY ELVIRA & JACKIE CORP.

Principal Place of Business

12339 NW 7TH ST.
MIAMI FL 33182

Mailing Address

12339 NW 7TH ST.
MIAMI FL 33182

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., Bldg., etc.

26

State, Apt., Bldg., etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

30

PINO, ULISES
1817 S.W. 107TH AVENUE
APT. 1810
MIAMI FL 33165

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 607.0612 and 607.1503, 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 607.0612, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

PD
PINO, ULISES
12339 NW 7TH ST.
MIAMI FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

SD
CAUSER, JACQUELINE
12339 NW 7TH ST.
MIAMI FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

TD
PINO, ELVIRA
12339 NW 7TH ST.
MIAMI FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME
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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further 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 executor or trustee authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the immediately preceding year and then.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/96 300) 534-8524

CR2E034 (12/95)