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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of CORPORATIONS

FILED Jun 01 1998 8:00am Secretary of State

1998

DOCUMENT # M. Corporation Name

M60676

B.M.R. Fashion, Inc.

Principal Place of Business								
34 Gi:	r alda Ave n	ue						
Coral	Gables,Fl	33134						

Muling Address

34 Giral**d**a Avenue Coral gables, Fl. 33134

DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualified			
1							10/13/87			
2. Principal Place of Business		28	2a. Mailing Address			4. FEI Number	Applied For			
21 34	Giral	la Avenue	26	34 Giralda	a Avenu	Э	65-0007700	Not Applicable		
Suit 22	e, Apt # elc		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City	& State	ate City & State		6. Election Campaign Financing	\$5.00 May Be					
23 CO	rai g a r	l gables, Fl. [28] Coral gables, Fl.		Trust Fund Contribution	Added to Fees					
Zip		Country	ļ,	Ζφ	Coun	•	8. This corporation owes or has paid the current			
24 33	134	25 U.S			30 U	30 U.S. Personal Properly Tax due June 30. 🔯 Yes 🔲 No				
	9.	Name and Address o	f Current Regi	stered Agent			10. Name and Address of New Registered Ag	ent		
Ma	ria Rav	elo] [11 Name				
		a Avenue			8	2 Street	Address (P.O. Box Number is Not Acceptable)			
		les, Fl. 33	134							
00		100/ 11. 55	154		6	3				
					8	4 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the colliquitions of Section 607.0505. Florida Statutes. SIGNATURE										
	Sign a tu	Hypera ke protection in equipment				ge a signature	required when reinstating) DATE			
12.			EBS AND DIRE	CITORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	P,D			LI OFTER	1.1 7010			Change		
NAME	Mar	ia Ravelo			1.2 NAM					
STREET AD		O Donatello.				ET ADDRESS				
CHY-ST-	ZIP COX	al Gables, 1	F1. 3314	6 <u> </u>		- S1 - ZIP				
TITLE				☐ DELETE	2.1.111(6		L	Change 🔲 Addition		
NAME	ļ	27			2.2 NAM	F.				
STREET AC	ODRESS				2.3 STRE	ET ADDRESS				
CITY-ST-	21P				2 4 011 9	- S1 - ZIP				
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NAME					5.2 NAM					
STREET AF	ODRESS				5.3 STRE	ET ADDRESS				
CHTY-\$1-	ZIP				5.4 CHY	- ST- 7IP				
TITLE				☐ DELETE	6111111		Annual County	Change Addition		
NAME	Į				€ 2 NAMI		90000254325	15 di		
STREET AC	DDRESS				6.3 S1RI	LI ADDRESS	-06/02/980101401	3 / ///		
CITY-S1-2	ZIP				64 CHY	\$1-202	***150.00	, <i>\(\mathbb{B}\)</i>		
		nat the information sur	called with this	fling does not qualify			od in Section 119.07(3)(i), Florida Statutes. Hurther certifi	y that the information		

. Energby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this injurist report or supplied with a minimal 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 per conjunction or give refreshed empressed to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 13 more florida statutos; and that my name appears in

SIGNATURE:

MULE THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-98 (301) 179-1170

CR2E034 (10/9)