

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # M87161 (9)**  
1. Corporation Name  
**20/20 FASHION CORP.**



Principal Place of Business: **C/O EXIQUIO HERNANDEZ, 2021 NW 20TH STREET, MIAMI FL 33142**  
Mailing Address: **C/O EXIQUIO HERNANDEZ, 2021 NW 20TH STREET, MIAMI FL 33142**

3. Date Incorporated or Qualified: **06/20/1988**  
3a. Date of Last Report: **04/25/1995**

21. Principal Place of Business <b>EXIQUIO HERNANDEZ</b>	22. Suite, Apt. #, etc. <b>2027 NW 20th Street</b>	23. City & State <b>MIAMI FLORIDA</b>	24. Zip <b>33142</b>	25. Country <b>DADE</b>	26. Mailing Address <b>EXIQUIO HERNANDEZ</b>	27. Suite, Apt. #, etc. <b>2027 NW 20th St</b>	28. City & State <b>MIAMI FLORIDA</b>	29. Zip <b>33142</b>	30. Country <b>DADE</b>	4. FEI Number <b>65-0058087</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>					8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
8.75 Additional Fee Required					5.00 May Be Added to Fees							

9. Name and Address of Current Registered Agent <b>HERNANDEZ, EXIQUIO, 2021 NW 20TH STREET, MIAMI FL 33142</b>				10. Name and Address of New Registered Agent			
81. Name <b>HERNANDEZ EXIQUIO</b>				82. Street Address (P.O. Box Number is Not Acceptable) <b>2027 NW 20th Street</b>			
83. City <b>MIAMI</b>				84. State <b>FL</b>		85. Zip Code <b>33142</b>	

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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, EXIQUIO</b>	1.2 NAME	
STREET ADDRESS	<b>4224 SHERIDAN AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, DAISY</b>	2.2 NAME	
STREET ADDRESS	<b>4224 SHERIDAN AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 oath; 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: Edgardo Hernandez **4-22-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)