2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90456 012 ***150.00

DOCUMENT # P03000093012

1. Entity Name
Quisqueya Fashions Corp.

44036489

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3028 N.W. 17th Ave.	3028 N.W. 17th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33142-6159 Country: USA	Zip: 33142-6159 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 57-1183392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Brinez, Luis J.

Street Address (P.O. Box Number is Not Acceptable): 6484 Indian Creek Dr.

Apt. 11

City: Miami Beach FL Zip Code: 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Luis J. Brinez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P/S/T
NAME	Brinez, Luis J.
STREET ADDRESS	6484 Indian Creek Dr., Apt. 11
CITY - ST - ZIP	Miami Beach, FL 33141

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis J. Brinez 4/22/04 305-635-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1