

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P06155

(6)

1. Corporation Name

ALEXIA NATURAL FASHIONS, INC.

Principal Place of Business

808 BRANNAN ST.
SAN FRANCISCO CA 94103

Mailing Address

808 BRANNAN ST.
SAN FRANCISCO CA 94103



2. Principal Place of Business

2a. Mailing Address

21	State (Applicable)	26	State (Applicable)
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/23/1985

3a. Date of Last Report

06/28/1995

4. FEI Number

95-3656478

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 609.01(4) and 609.10(5), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above address, or to the State of Florida. Such change was approved by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am authorized to accept the appointment of Section 609.01(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	NAME	13.1	NAME
12.2	STREET ADDRESS	13.2	STREET ADDRESS
12.3	CITY & STATE	13.3	CITY & STATE
12.4	ZIP	13.4	ZIP
12.5	DELETE	13.5	DELETE
12.6	NAME	13.6	NAME
12.7	STREET ADDRESS	13.7	STREET ADDRESS
12.8	CITY & STATE	13.8	CITY & STATE
12.9	ZIP	13.9	ZIP
12.10	DELETE	13.10	DELETE
12.11	NAME	13.11	NAME
12.12	STREET ADDRESS	13.12	STREET ADDRESS
12.13	CITY & STATE	13.13	CITY & STATE
12.14	ZIP	13.14	ZIP
12.15	DELETE	13.15	DELETE
12.16	NAME	13.16	NAME
12.17	STREET ADDRESS	13.17	STREET ADDRESS
12.18	CITY & STATE	13.18	CITY & STATE
12.19	ZIP	13.19	ZIP
12.20	DELETE	13.20	DELETE

14. I hereby certify that the information supplied to this agency was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is based on the information reported in my 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 president of the corporation or the owner 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 of changes, or on an additional sheet with an address.

SIGNATURE:

John Vlahoyannis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN VLAHOYANNIS

1/17/96

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CR2E034 (12/95)