FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 MAY -1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000003563 (2)**

1. Current Name
MILLY'S FASHION, INC.

Principal Place of Business	Mailing Address
1665 W 39TH PLACE HIALEAH FL 33012 US	1665 W. 39TH PLACE HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1993	3a. Date of Last Report: 03/14/1994
4. FEI Number: 65-0383928	Applied For / Not Applicable
5. Certificate of Status Desired: X	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
7. This corporation has taken, for corporate tax under F.S. 220.03 Florida Statutes: X Yes ☐ No	

21 Street Address	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 County	29 Zip	30 County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, MILAGROS 1665 W. 39TH PLACE HIALEAH FL 33012	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 607.0502 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: _____ (If changing Registered Agent, Registered Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	PSTD	11 Title	☐ Change ☐ Addition
02 Name	GONZALEZ, MILAGROS	12 Name	
03 Street Address	421 SWALLOW DR. APT #1	13 Street Address	
04 City, St, Zip	MIAMI SPRINGS FL 33166	14 City, St, Zip	
05 Title		21 Title	☐ Change ☐ Addition
06 Name		22 Name	
07 Street Address		23 Street Address	
08 City, St, Zip		24 City, St, Zip	
09 Title		31 Title	☐ Change ☐ Addition
10 Name		32 Name	
11 Street Address		33 Street Address	
12 City, St, Zip		34 City, St, Zip	
13 Title		41 Title	☐ Change ☐ Addition
14 Name		42 Name	
15 Street Address		43 Street Address	
16 City, St, Zip		44 City, St, Zip	
17 Title		51 Title	☐ Change ☐ Addition
18 Name		52 Name	
19 Street Address		53 Street Address	
20 City, St, Zip		54 City, St, Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City, St, Zip		64 City, St, Zip	

14. I 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)(i), 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 1 or Block 2 above, or I have attached a separate sheet with such information.

SIGNATURE: Milagros Gonzalez 4/7/95 (305) 362-6002
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0078003 CP