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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

D02000012526 (Q)

DOCUMENT # P93000012526 (8)					
•	INY BRIDAL-TUXEDO SHOP	INC.			
Principal Place of Business Mail		Mailing Address		- 6	17 00111 00101 01010 11001 01110 11010 0111 1011
7 <del>833 NW 2ND 31-</del> <del>MIAMI FL 80120-</del>		<del>7839 NW 2ND 3</del> T <del>MIAMI FL 8012</del> 6			
				3. Date incorporated or Qualified 02/18/1993 4. FEI Number	3a. Date of Last Report 04/26/1995
2. Principal Place of Business 210 3 8 5. W . 148 01.		2a. Mailing Address 26 11038 S.	' / <i>//</i> /		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	W. 14801	65-0391385	\$8.75 Additional
22 ,		27		5. Certificate of Status Desired	Fee Required
City & State		Orty & State 28	FL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s 199.032,
24 33196 25 U.S. A. 29 33196		29 33196 3	o U.S.A.		
	9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New R	egistered Agent
MENDOZA, REINEDIO <del>7859 NW 2ND S</del> T					
			82 Street Addre	ss (P.O. Box Number is Not Acceptab	( <del>0</del> )
MAM-	<del>FL 99120</del>		83		
			84 City		<b>85</b> Zip Code
44 5	-40	-1.602.4600 Et 11.00.1			
or registere familiar wit	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florica h, and accept the obligations of, Sectio	inio 607, 1508, Florida Statutes, t i. Such change was authorized b n 607,0505, Florida Statutes.	ne above hamed corpora by the corporation's board	tion submits this statement for the pur I of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _	government of the second			The second secon	
12.	Signature, typed or printed name of registered agent at OFFICERS AND		egistered Agent signal ire required to 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE		Change Addition
NAME	HERRERA, ESTHER	$\bigcirc$	1.2 NAME		
\$TREET ADDRESS	7959 NW 2ND 6T 1 1 0 3	8 5. W. 148(11).	1.3 STREET ADDRESS		
CITY-ST-7IP	MIAMI FL 33126 MIA	U1,F4. 33196	14 CHY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change 🔲 Addition
NAME	MENDOZA, REINEDIO 7959 NW 2ND ST 1 / 0 3	e = W . 1. 6 (21).	2.2 NAME		j
STREET ADDRESS			2.3 STREET ADDRESS	ন	
CITY-S1-7IP TITLE	MIAMITE 33120 HIA	u1, 21. 33196	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		E Detere	3 2 NAME		C Always C Madicial :
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-7IP			3.4 CITY-SI-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZiP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-7IP		["] filtit	5.4 CITY - ST- ZIP		Chongs E Addition
TOTLE		[] DELETE	6 1 TITLE		Change Addition
NAME DIRECT ADDRESS			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7P	L	armaniami, anti-armaniami est est estada e	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. SONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HER REAR DISCOUNT DISCOUNT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: