

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

APPROVED AND FILED

95 MAY 10 AM 10:35

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Wooten
Secretary
1900 BANKERS BUILDING, SUITE 100
TALLAHASSEE, FLORIDA 32399-0001

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038896 (5)

ARNOLD FASHIONS INC.

Principal Office Location	Main Address
4160 WEST 16TH AVENUE SUITE 402 HIALEAH FL 33012	4160 WEST 16TH AVENUE SUITE 402 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. (Date incorporated or created)	3a. Date of Last Report
21	26	06/01/1993	05/01/1994
22	27	4. FEI Number	Applied For
City & State	City & State	65-0414883	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	<input type="checkbox"/>	<input type="checkbox"/>
24	25	29	30
Country	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under § 199.032 Florida Statutes	
VALDES, JUAN E 4160 WEST 16TH AVENUE SUITE 402 HIALEAH FL 33012-		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VALDES, JUAN E 4160 WEST 16TH AVENUE SUITE 402 HIALEAH FL 33012-		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	05 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. Each 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 607.0508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	ADDRESS	NAME	ADDRESS
P/D ARNALDO, MONZON E 9720 NW 91 ST CT MEULEY FL 33178			
VPST MARIA VILCHES 9720 NW 91TH ST CT MEDLEY FL 33178			
VS JAUN E. VALDES 4160 WEST 16TH AVE SUITE 4102 HIALEAH FL 33012			

14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption provided by law from § 607.0105, Florida Statutes. I further certify that the information included 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 in person with that person or officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1A (if changed), or on an attached page with an address.

SIGNATURE: _____ *Vic Secretary* **5-2-95** **825-7985**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR