

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:50

DOCUMENT # P93000041544 (6)

1. Corporation Name

CATHY'S FASHIONS, INC.

Principal Place of Business

2434 N.W. 20 STREET
MIAMI FL 33142

Mailing Address

2434 N.W. 20 STREET
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0417653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

104-58 SW 23th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Miami

Zip

Country

Zip

Country

24

25

29

33165

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIERRA, ROLANDO M

2434 N.W. 20 STREET

MIAMI FL 33142

104-58 SW 23th St

Miami FL 33165

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

[Signature]

(Signature of Registered Agent and his/her representative)

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SIERRA, ROLANDO M
STREET ADDRESS	10458 S.W. 23 STREET
CITY ST ZIP	MIAMI FL 33165
TITLE	ST
NAME	BRENDA, MARIELLA
STREET ADDRESS	8401 S.W. 137 AVENUE
CITY ST ZIP	MIAMI FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1. TITLE	Sierra Rolando	☒ Change ☐ Addition
2. NAME	104 58 S. W 23th St	
3. STREET ADDRESS	Miami FL 33165	
4. CITY ST ZIP		
5. TITLE		☒ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY ST ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY ST ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY ST ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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)(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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/95

Signature: _____