FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064232 (0)**

1. Corporation Name
M. V. FASHIONS, INC.

Principal Place of Business	Mailing Address
5555 TAMIAMI TRAIL NORTH NAPLES FL 33963	5555 TAMIAMI TRAIL NORTH NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1993
3a. Date of Last Report: 12/02/1994

2. Principal Place of Business
21: 3500 PEACHTREE RD NE
22 Suite, Apt #, etc: C-1A
23 City & State: ATLANTA FL
24 Zip: 30326
25 Country: U.S.A

2a. Mailing Address
26: 2338 IMMOKALEE Rd
27 Suite, Apt #, etc: 158
28 City & State: Naples FL
29 Zip: 33942
30 Country: USA

4. FEI Number: 65-0448622 ☐ 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

9. Name and Address of Current Registered Agent

DUARTE, MAX
13023 VALEWOOD DR.
NAPLES FL 33999

10. Name and Address of New Registered Agent

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 required if registered agent is the undersigned) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	☐ Change ☐ Addition
NAME	DUARTE, MAXIMILIANO	12 NAME	
STREET ADDRESS	13023 VALEWOOD DR.	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33999	14 CITY ST ZIP	
TITLE	ST	21 TITLE ST	☒ Change ☐ Addition
NAME	DUARTE, MAXIMILIANO	22 NAME	OTTO BRESKY JR
STREET ADDRESS	13023 VALEWOOD DR.	23 STREET ADDRESS	12902 COCO PLUM LANE
CITY ST ZIP	NAPLES FL 33999	24 CITY ST ZIP	NAPLES FL 33999
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 the 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.

SIGNATURE: Max Duarte 7/20/95 941566 9302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0331450 CP