FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1990		Salar ME 325
DOCUMENT	# P 9	4000

0000171 (6)

 Corporation Name SWEETLIFE WEDDING GOWNS,INC.

Mading Address Principal Place of Business



	221 N. MIAMI AVENUE MIAMI FL 33132			1883 NW 7TH ST STE 4 MIAMI FL 33125 US				and a	3. Date Incorporated o 12/23/1993	r Qualified	3a. Dat	te of Last Report 06/16/1995	
2.	Principal Place of Busine	ess	28	. Mailing Address					4," FEI Number 65-065791	9		Applied For Not Applicable	1
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.					5. Certificate of Status			\$8.75 Additional Fee Required	
22	City & State		27	City & State				1	6. Election Campaign Trust Fund Contribu	tion		\$5.00 May Be Added to Fees	
23	Ζιρ	Country 25	28	Zip	30 Cc	untry		ì	8. This corporation ha Florida Statutes	Yes Yes	No		_
24	9. Name	and Address of Cu		stered Agent		81	Name		10. Name and Addres	s of New H	egistered	1 Agent	
	VALENCIA, PRIM	10 C				82	Street	Address	(P.O. Box Number is N	lot Acceptati	le)		ble
	2045 NE 202ND North Miami E	ST BEACH FL 33179				83		-					
						84	City				F	-	_
		of Continue 607	0502 and £	oz 1508. Florida Statut	tes, the a	hove-r	amed o	orporation	on submits this stateme	nt for the pu	rpose of c	changing its registered office	,

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-harried corporation studings this statement of provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-harried corporation's board of directors. I hereby accept the appoint registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors.

2.	Felline typiks or or that need or negative colours and to in OFFICERS AND DIREC	CTORS	13.	ADDITIONS OF IANGES TO OFFICERS AND DIRECTORS IN 12
TLE	PD	DELETE	t 1 Tiffe6	C via 99
AME	VALENCIA, PRIMO C		1.2 NAME	
TREET ADDRESS	2045 NE 202 ST		1.3 STREET ADDRESS	
TY - ST - 71P	N. MIAMI BEACH FL 33179		1 4 CITY - ST - ZIF	Cnange Addition
'LF	STD	☐ DELETE	2 1 TIFLE	Claude Clause
ME	VALENCIA, LILY G		2.2 NAME	
REET ADDRESS	2045 NE 202 ST		2.3 STREET ADDRESS	
ITY - ST - ZIP	N. MIAMI BEACH FL 33179		2.4 CiTY - ST - ZiP	Change Additio
ILE		☐ DELETE	3 1111.6	
AME	•		3.2 NAME	
TREET ADORESS			33 STREET ADDRESS	
ITY - ST - ZIP			3 4 CITY - ST - ZIP	Change Add-tio
ITLE		☐ DELETE	4 1 THEF	
AME			4.2 NAME	
TREET ADORESS			4.3 STREET ADDRESS	
ity-ST-ZIP			4 4 CITY - ST - ZIF	☐ Change ☐ Additi
ITLE		☐ DELETE	5 1 Tr'LF	
AMÉ			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CHTY - ST - ZIP			54 CiTY - ST - 7iP	Change Addit
ITLE		☐ DELETE	6 1 fille	Change C Austi
iamé			6.2 NAME	
			6 1 STREET ADDRESS	
STREET ADDRESS City-St-Zip			6.4 City - ST - ZiP	for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

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 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 certify 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 or, an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V-16,96

(305) 377-3802