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95 MAY -1 AM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT*
1995

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

DOCUMENT # **P94000014515 (8)**

1. Corporate Name
GUI-GUI WEAR CORPORATION, INC.

Principal Place of Business	Mailing Address
4350 POST AVE. MIAMI BEACH FL 33140	4350 POST AVE. MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:
4. FEI Number: 650468872 ☐ 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
7. This corporation was originally incorporated in Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
24 25	29 30

9. Name and Address of Current Registered Agent

BENGUIGUI, SIMON
4350 POST AVE.
MIAMI BEACH FL 33140

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	71 TITLE	☐ Change ☐ Addition
NAME	BENGUIGUI, SIMON	72 NAME	
STREET ADDRESS	4350 POST AVE.	73 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	74 CITY-ST-ZIP	
TITLE	D	75 TITLE	☐ Change ☐ Addition
NAME	BENGUIGUI, MYRIAM	76 NAME	
STREET ADDRESS	4350 POST AVE.	77 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	78 CITY-ST-ZIP	
TITLE		79 TITLE	☐ Change ☐ Addition
NAME		80 NAME	
STREET ADDRESS		81 STREET ADDRESS	
CITY-ST-ZIP		82 CITY-ST-ZIP	
TITLE		83 TITLE	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY-ST-ZIP		86 CITY-ST-ZIP	
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY-ST-ZIP		90 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 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)(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 this 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 with an arrow or on an attachment with an arrow.

SIGNATURE: SIMON BENGUIGUI 05/01/95 305-477-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR