

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000039656 (1)

1. Corporation Name

DARLING SECRETS LINGERIE CORP.



Principal Place of Business

506 NW 87TH AVE.
UNIT 109
MIAMI FL 33172
US

Mailing Address

506 NW 87TH AVE
UNIT 109
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21 506 NW 87th. Av. 105

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #105.

27

City & State

City & State

23 MIAMI, FLA

28

Zip

Country

Zip

Country

24 33172

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

04/17/1995

4. FET Number

65-0493943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

FERNANDEZ, GENOVEVA
506 NW 87TH AVE
UNIT 109
MIAMI FL 33172

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

Genoveva Fernandez

(PRINT) Registered Agent signature must be handwritten

x 3/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
FERNANDEZ, GENOVEVA
STREET ADDRESS
506 NW 87TH AVE UNIT 109
CITY- ST- ZIP
MIAMI FL 33172

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
JARQUIN, MARTA D
STREET ADDRESS
506 NW 87TH AVE
CITY- ST- ZIP
MIAMI FL 33172

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Genoveva Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/19/96

DATE

Daytime Phone #

CR2E034 (12/95)