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TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P 94000042257

1. Corporation Name

DETAIL FASHION INC.

Principal Place of Business

10281 SW 137th Place
Miami, Florida 33186

Mailing Address

The Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-7-94

3a. Date of Last Report

2. Principal Place of Business

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2a. Mailing Address

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4. FEI Number

65-0491568

Applied For

Not Applicable

Suite, Apt. # etc

Suite, Apt. # etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

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

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9. Name and Address of Current Registered Agent

Nelly Eginton
15545 Miami Lakesway North # 301
Miami Lakes, Florida 33015

10. Name and Address of New Registered Agent

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Name

Marco Olarte

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Street Address (P.O. Box Number is Not Acceptable)

1183 West 29th Street

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Hialeah, Florida 33012

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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 607.0502, Florida Statutes.

SIGNATURE

Marco Olarte

(If the Registered Agent is not an individual, the signature of the Registered Agent must be accompanied by the signature of the President or Director of the corporation.)

7-7-95

12. OFFICERS AND DIRECTORS

TITLE

President

NAME

Aida Montesano

STREET ADDRESS

10281 SW 137th Place

CITY, ST, ZIP

Miami, Florida 33186

13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is fully and completely correct for the purposes stated in Section 199.032(2)(a), Florida Statutes. I further certify that the information included on this annual report or change of office or change of registered agent is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent of the corporation and I am filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of this filing. I am filing this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-95