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

APPROVED AND FILED

95 MAY 16 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060702 (5)**

1. Corporate Name
SILKS OF PARADISE, INC.

Principal Place of Business	Mailing Address
7580 SOUTHGATE BLVD. NORTH LAUDERDALE FL	7580 SOUTHGATE BLVD. NORTH LAUDERDALE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 65-0516469	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. P.O. BOX 15935	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State PLANTATION, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 County	29 Zip 33318-5935 / 30 Country BROWARD	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CRAMMER, EDWIN L
3801 NORTH UNIVERSITY DRIVE
SUNRISE FL

10. Name and Address of New Registered Agent

81 Name: MARITZA PESTANO
82 Street Address (P.O. Box Number is Not Acceptable): 7340 N.W. 10th PL.
83
84 City: PLANTATION FL 85 Zip Code: 33313

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: Maritza Pestano MARITZA PESTANO 5/10/95
(Registered Agent's signature required when changing) (Registered Agent's typed or printed name) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	MOLINARI, MARCELLO	12 NAME	
13 STREET ADDRESS	3961 N.W. 87TH AVENUE	13 STREET ADDRESS	
14 CITY-ST-ZIP	SUNRISE FL 33351	14 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	MOLINARI, STACIE	22 NAME	
23 STREET ADDRESS	3961 N.W. 87TH AVENUE	23 STREET ADDRESS	
24 CITY-ST-ZIP	SUNRISE FL 33351	24 CITY-ST-ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to this report.

SIGNATURE: Marcelo Molinari MARCELO MOLINARI 05/12/95 (305)726 1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0111540 CP