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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000074527 (0)

1. Corporation Name

SIBONEY FASHIONS INC.



Principal Place of Business

8001 SO. ORANGE BLOOM TRAIL
ORLANDO FL 32809

Mailing Address

8001 SO. ORANGE BLOOM TRAIL
ORLANDO FL 32809

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

RIVAS, ELOILDA
1916 CENTRAL PARK AVE.
ORLANDO FL 32807

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 607.04(2) and 607.1505, 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 607.04(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VT
RIVAS, JOSE A.
1916 CENTRAL PARK AVE.
ORLANDO FL

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 registered agent 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:

Eloilda Rivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELOILDA RIVAS 9/5/96

407 857 7400

CR2E034 (12/95)