

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000086143 (2)

1. Corporate Name

PLUTON SEWING CORPORATION

FILED
95 AUG -7 AM 1

SECRETARY OF S
TALLAHASSEE FL

Principal Place of Business

1685 W 40 ST
HIALEAH FL 33012

Mailing Address

1685 W 40 ST
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite Apt. #, etc.

2a. Mailing Address

26
Suite Apt. #, etc.

4. FEI Number

65-0539458

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

8. This corporation has liability for corporate tax under S-1 (SEE USE
Florida Statutes) ☐ Yes ☒ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

1
GOMEZ, SALVADOR
1685 W 40 ST
HIALEAH FL 33012

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 607.0507 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 a registered agent under Florida Statutes.

SIGNATURE

Signature of person accepting appointment as registered agent or director

Signature of person accepting appointment as registered agent or director

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

NAME	D
NAME	GOMEZ, SALVADOR
STREET ADDRESS	1685 W 40 ST
CITY, STATE, ZIP	HIALEAH FL 33012
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
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NAME		☐ Change ☐ Addition
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CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for this corporation stated in the laws of the State of Florida. I further certify that this information is true and correct, and that any signature shall have the same legal effect as if it was in order to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salvador Gomez
President

4/20/95 (24) 362 3274