

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 # P95000009141 (9)

1. Corporation Name

K & Z FASHION, INC.



Principal Place of Business

Mailing Address

9811 NW 80 AVE
BAY 7-O
HIALEEAH GARDENS FL 33016

9811 NW 80 AVE
BAY 7-O
HIALEEAH GARDENS FL 33016

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/31/1995

4. FEI Number

Applies For

65-0555556

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 intangible tax under s. 199.032, Florida Statutes

Yes ☒ No ☐

10. Name and Address of New Registered Agent

81 Name *Mirella INIRIO*

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

524 NW 136 PL

83

84 City *Miami*

FL

85 Zip Code *33182*

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, Section 607.0505, Florida Statutes.

SIGNATURE

Mirella Inirio

5-13-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME *PD INIRIO, ELADIO*
STREET ADDRESS *524 NW 136 PL*
CITY - ST - ZIP *MIAMI FL 33182*

TITLE ☐ DELETE
NAME *STD INIRIO, LEDA M*
STREET ADDRESS *524 NW 136 PL*
CITY - ST - ZIP *MIAMI FL 33182*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME *TID INIRIO, ELADIO A.*
13 STREET ADDRESS *524 NW 136 PL*
14 CITY - ST - ZIP *MIAMI FL 33182*

21 TITLE ☐ Change ☐ Addition
22 NAME *SD INIRIO, LEDA G.*
23 STREET ADDRESS *524 NW 136 PL*
24 CITY - ST - ZIP *MIAMI FL 33182*

31 TITLE ☐ Change ☐ Addition
32 NAME *PRESIDENT/DIRECTOR*
33 STREET ADDRESS *INIRIO, MIRELLA*
34 CITY - ST - ZIP *524 NW 136 PL*

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP *MIAMI FL 33182*

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 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:

Mirella Inirio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 305-5584801

Date

Telephone #

CR2E034 (12/95)