

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**APPROVED  
AND  
FILED**

**97 MAY -1 PM 1:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000022583 (5)**

1. Corporation Name  
**VIVE FASHIONS CORPORATION**



Principal Place of Business  
**2300 CORAL WAY  
MIAMI FL 33145**

Mailing Address  
**2300 CORAL WAY  
MIAMI FL 33145-3511**

3. Date Incorporated or Qualified  
**03/21/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**65-0574097**

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

2. Principal Place of Business  
21 **2300 CORAL WAY**  
Suite, Apt. #, etc.  
22 **# 200**  
City & State  
23 **MIAMI FLORIDA**  
Zip  
24 **33145** Country  
25 **US**

2a. Mailing Address  
26 **2300 CORAL WAY**  
Suite, Apt. #, etc.  
27 **# 200**  
City & State  
28 **MIAMI FLORIDA**  
Zip  
29 **33145** Country  
30 **US**

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
#200  
MIAMI FL 33145**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *[Signature]* **AMADA CANTERA LOPEZ, PRES** **4/25/97**  
Signature (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PD VELEZ, EURIDES**  
STREET ADDRESS **2135 S.W. 123 COURT**  
CITY - ST - ZIP **MIAMI FL 33175**

TITLE  DELETE  
NAME **V VILLAMIZAR, RUTH**  
STREET ADDRESS **2135 S.W. 123 COURT**  
CITY - ST - ZIP **MIAMI FL 33175**

TITLE  DELETE  
NAME **S REYES, JOHANA P**  
STREET ADDRESS **2135 S.W. 123 COURT**  
CITY - ST - ZIP **MIAMI FL 33175**

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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**200002168492--1**  
**-05/06/97--01133--006**  
**\*\*\*\*165.00 \*\*\*\*165.00**

*[Handwritten initials]*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EURIDES VELEZ - PRES.** Date Daytime Phone #

CR2E034 (9/96)