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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000046613 (2)**

RIGO'S HOME FASHIONS, INC.

FILED Jan 27 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									
1998 TRADE CTR WAY UNIT D NAPLES FL 33942 US		1996 TRADE CTR WAY UNIT D NAPLES FL 34109-6239							
		US	US .			 Date Incorporated or Qualified 06/12/1995 	od 3a. Date of Last Report 06/25/1996		
2. Principal 21	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0594556	Applied For Not Applicable		
Suite, Ap	t. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ate	City & State	├─ŋ '			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
Zip 24	Country 25	Zip 29	30 Cou	ntry	, , , , , , , ,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
Name and Address of Current Registered Agent				<u> </u>		10. Name and Address of New Registered Agent			
SAI	ntos, gustano g			81	Name				
1998 TRADE CTR WAY				82	Street A	ress (P.O. Box Number is Not Acceptable)			
UNIT D					0,,00,,,,	Toda (1.07 Day Hallings) in that Audermany			
NAPLES FL 33942				83					
				84			FL	Zip Code	
office or	it to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was a	authorize	d by	the corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changi of the appointmen	ng its registered it as registered	
SIGNATURE									
	Signature hypothor printed name of registered a			d Age	nt signature re	quired when reinstating)	DATE	TOBO 111 40	
12.	OFFICERS AND DIRECTORS DPST DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition			
TITLE			1	1.1 TITLE			Li Ciai	nge [] Addition	
NAME	IAME SANTOS, GUSTAVO G			1.2 NAME					

1913 TIMBERLINE DR 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP D۷ DELETE 2.1 TITLE Change ___ Addition TITLE SANTOS, MIRIAM 2.2 NAME NAME 1913 TIMBERLINE DR STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 2.4 CITY-ST-2IP C-TY - ST - ZIP Change Addition TITLE DELETE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDPESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP

14. I do hereby certily 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

SIGNATURE.

Daytime Prione #