

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000048100 (8)**

1. Corporation Name

LOOK'S FASHIONS INC.



Principal Place of Business

Mailing Address

1798 NW 20 ST
#5
MIAMI FL 33146

1798 NW 20 ST
#5
MIAMI FL 33146

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

1-16-96

4. FEI Number

65-0603100

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 intangible tax under s 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, SIXTO O
4651 SW 154 AVE
MIAMI FL 33185

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 607.0502 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

Signature of president or principal registered agent and the individual

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President DELETE

1.1 TITLE Change Addition

NAME Lopez, Sixto O
STREET ADDRESS 4651 SW 154th Avenue
CITY- ST- ZIP Miami, Florida 33185

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE Vice President DELETE

2.1 TITLE Change Addition

NAME Lopez, Rodney
STREET ADDRESS 4651 SW 154th Avenue
CITY- ST- ZIP Miami, Florida 33185

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE Secretary Treasurer DELETE

3.1 TITLE Change Addition

NAME Efigenia Lopez
STREET ADDRESS 4651 SW 154th Avenue
CITY- ST- ZIP Miami, Florida 33185

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

(Sixto O. Lopez)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

305-325-1544

Date

Daytime Phone #

CR2E034 (12/95)