

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000077743 (9)

1. Corporation Name

FRATELLI FASHIONS, INC.



Principal Place of Business

**2601 S. BAYSHORE DRIVE #1425
MIAMI FL 33133**

Mailing Address

**2601 S. BAYSHORE DRIVE #1425
MIAMI FL 33133**

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEMAN, ROBERT A
2601 S. BAYSHORE DRIVE #1425
MIAMI FL 33133**

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 607.1505, 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 Registered Agent (Required for all applications)

Signature of Registered Agent (Required for all applications)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

FREEMAN, ROBERT A

2601 S. BAYSHORE DRIVE #1425

MIAMI FL 33133

☒ DELETE

☐ DELETE

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

President/Director

AYBAR, FELIX

335 Miracle Mile

Coral Gables, FL 33134

☐ Change ☒ Addition

2. TITLE

3. NAME

4. STREET ADDRESS

5. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY-ST-ZIP

☐ Change ☐ Addition

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:

FELIX AYBAR, PRESIDENT

5-13-96

**305
567_0029**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Full Name and Address of Registered Agent

CR2E034 (12/95)