

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027435 (2)

1. Corporation Name
EVELYNE ALAY DESIGNS, INC.

Principal Place of Business

601 SW 24TH RD
MIAMI FL 33136

Mailing Address

601 SW 24TH RD
MIAMI FL 33128-1952



2. Principal Place of Business

21 604 MAJORCA AVENUE

Suite, Apt. #, etc.

2a. Mailing Address

26 604 MAJORCA AVENUE

Suite, Apt. #, etc.

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

APOLLON, ALIX J
9197 SW 128 LN
MIAMI FL 33176

3. Date Incorporated or Qualified

03/22/1996

3a. Date of Last Report

4. FEI Number

65-0659400

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

10. Name and Address of New Registered Agent

81 Name

JOEL D. SANDERS, CPA

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

15628 SW 16th Street

83

84 City

Pembroke Pines,

FL

85 Zip Code

33027

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

JOEL D. SANDERS, CPA

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

2-22-97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPST
LEONE, EVELYNE
601 SW 24TH RD
MIAMI FL 33136

☐ DELETE

OV
LEONE, JOSEPH
601 SW 24TH RD
MIAMI FL 33136

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME ☒ Change ☐ Addition

13 STREET ADDRESS

604 MAJORCA AVENUE
CORAL GABLES, FL. 33134

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

04 / 21 / 97 / 15 / 11

CR2E034 (9/96)