

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

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # P96000059479 (1)

1. Corporation Name  
LA GUNA WEAR, INC.



Principal Place of Business  
210 N. UNIVERSITY DRIVE  
SUITE 502  
CORAL SPRINGS FL 33071

Mailing Address  
210 N. UNIVERSITY DRIVE  
SUITE 502  
CORAL SPRINGS FL 33071

2. Principal Place of Business

21 3600 Hacienda Blvd  
Suite, Apt. #, etc.

22 #A

City & State

23 Davie, FL

Zip

24 33314

Country

25 USA

2a. Mailing Address

26 3600 Hacienda Blvd  
Suite, Apt. #, etc.

27 #A

City & State

28 Davie, FL

Zip

29 33314

Country

30 USA

3. Date Incorporated or Qualified

07/16/1996

3a. Date of Last Report

4. FEI Number

65-0679727

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

HERNANDEZ, DAVID  
210 N UNIVERSITY DRIVE  
SUITE 502  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

Myara, Jean-Jacques

82

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

3600 Hacienda Blvd

83

#A

84

City

Davie

FL

85 Zip Code

33314

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]*

(NOTE: Registered Agent signature required when reinstating)

4/30

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME HERNANDEZ, DAVID  
STREET ADDRESS 210 N. UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL GABLES FL 33071

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 ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE ☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME Myara, Jean-Jacques  
1.3 STREET ADDRESS 2576 Mayfair Lane  
1.4 CITY-ST-ZIP Weston, FL 33327

Change ☐ Addition ☒

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

Change ☐ Addition ☐

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

Change ☐ Addition ☐

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

Change ☐ Addition ☐

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

Change ☐ Addition ☐

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

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 or on an attachment with an address.

SIGNATURE:

*[Signature]*

*[Signature]*

346-7288  
Jean-Jacques Myara 4/30

CR2E034 (9/96)