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

Mailing Address

124 W. PINE ST., #110

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

124 W. PINE ST., #110



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

(467)872-7059

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000071796 (2)

MFC CASUAL CLOTHING INC.

ORLANDO FL 32801		ORLANDO FL 32801-2652		
				3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1996
2. Principal Place of Business		2a. Mailing Address		4. FFI Number Applied For
21		26		59-33 9653/ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27	<del></del>	Fee Required
City & State		City & State		B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
23	Coustry	28   Zip	Country	
Zip	Country	- <del> </del>	30	8. This corporation has liability for intangible tax under 199.032, Florida Statutes Yes
24	25   9. Name and Address of Curr		30	10. Name and Address of New Registered Agent
CAD			81 Name	1056 L. HAMOS
CARDOSA, LUIZ A 1048 LUNDY COURT				At Address (P.O. Box Number is Not Acceptable)
WINTER PARK FL 32792				38- B HOFFWET AUG
44041	ICH FAIN FL 32/82		63	
			24 050	IAT   70 Code
			84 25	2CALDO FL 85 3288/2
11. Pursuant t	to the provisions of Sequions 607.0	502 and 607.1508, Florida Statute		
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 lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.				
	( Want	igations of positor correctly	105E	L. Kimul 1/23/97
SIGNATURE	Signature, by d or printed name of registered	agent and tille if applicable. NOTE		ure required when reinstating) BAYE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	P/D Change Addition
NAME	CARDOSA, MARIA F	/	1.2 NAME	MARIA A. NERI
STREET ADDRESS	1048 LUNDY COURT		1.3 STREET ADDRESS	MARIA A. NEDI 2457 N. HIAWASSEE Rd # 158 ORLANDO, FL 328/8-3962
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY - ST - ZIP	ORLANDO, EC 328/8-376L
TITLE	TSD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARDOSA, LUIZ A		2.2 NAME	
STREET ADDRESS	1048 LUNDY COURT		2.3 STREET ADDRESS	S
CITY-ST-ZIP	WINTER PARK FL 32792	T at	2. 4 CiTY-ST-ZIP	D.Chare D.Addition
TITLE		DELETE	31 TITLE	Change  Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRES	S
CITY - ST - ZIP		L DELETE	3 4. CiTY-ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	C. Change C. Assiron
NAMÉ			4. 2 NAME	
STREET ADORESS			4.3 STREET ADDRES	S
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE		- Office	5.2 NAME	
NAME			5.3 STREET ADDRES	
STREET ADDRESS				<sup>8</sup>
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE	•	Land Detecto	6.2 NAME	
NAME			6.3 STREET ADDRES	
STREET ADORESS				<sup>3</sup>
CITY-ST-7IP	by certify that the information supp	lied with this filing does not qualit	6.4 CITY-ST-ZIP fy for the exemption	n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on indicated on this applied report of	or supplemental annual report is t or the receiver or trustee empow	rue and accurate a rered to execute thi	and that my signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name
1	£ + 1 34.	BOLDAZA BARAKO - <b>PORCIATA</b>	B FREE SECTION	1/2/67