

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

FILED  
May 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000081473 (6)

1. Corporation Name

A.B.C. NOTIONS & TRIMMING INC

Principal Place of Business

1065 EAST 27TH STREET  
HALEAH FL 33013

Mailing Address

1065 EAST 27TH STREET  
HALEAH FL 33013-3719



3. Date Incorporated or Qualified

10/02/1996

3a. Date of Last Report

4. FEI Number

☒ 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

2. Principal Place of Business

21 3590 NW 71 STREET

Suite, Apt #, etc.

22 B

City & State

23 MIAMI, FL.

Zip

24 33147

Country

25 U.S.A.

2a. Mailing Address

26 3590 NW 71ST.

Suite, Apt #, etc.

27 16

City & State

28 MIAMI, FL.

Zip

29 33147

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LUIS, JOSE R  
19430 NW 10TH STREET  
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

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, I, 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

JOSE R. LUIS

(NOTE: Registered Agent signature required when reinstating)

DATE

4.23.97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LUIS, JOSE R  
STREET ADDRESS 19430 NW 10TH ST  
CITY-ST-ZIP PEMBROKE PINES FL 33129

TITLE D  
NAME LUIS, MAGALLY  
STREET ADDRESS 19430 NW 10TH ST  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME JOSE R. LUIS  
1.3 STREET ADDRESS 19430 NW 10TH ST  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

2.1 TITLE SECRETARY  
2.2 NAME JOSE R. LUIS  
2.3 STREET ADDRESS 19430 NW 10TH ST  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

3.1 TITLE EXECUTIVE VICE-PRESIDENT  
3.2 NAME JOSE F. GARCIA  
3.3 STREET ADDRESS 3948 SW 64 AVE  
3.4 CITY-ST-ZIP MIAMI, FL 33155

4.1 TITLE TREASURER  
4.2 NAME LUIS J. VAZQUEZ  
4.3 STREET ADDRESS 10001 SW 81 LN  
4.4 CITY-ST-ZIP MIAMI, FL 33167

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

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

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:

JOSE R. LUIS

4.23.97

(305) 8350206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0119616

CR2E034 (9/96)