**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700006310

1. Corporation Name

VIRGINIA FASHIONS OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90222 026 \*\*\*150.00



5655 FUNSTON HOLLYWOOD F		5655 FUNSTON STREET HOLLYWOOD FL 33023				DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualifed 01/21/1997	PACE	
2. Principal P	lace of Business	2a. Mailing Address			<del>-</del>	4. FEI Number		Applied For
21		26				65-0636074		Vot Applicable
Suite, Apt.	#, eto	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27						Required
City & State	e	City & State				6. Election Campaign Financing  Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip	Country	У		8. This corporation owes the current year Intan		:
24	25	29	30			1 01001141 1 10 10 11 11 11 11 11 11 11 11 11 11	Yes	No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	jent	
OFB	ALLOC MADIA		81	I N	Name			
CEBALLOS, MARIA 921 SW 88 WAY				2 S	Street Address	s (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33025				3				
			84	4 C	City	FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthorized by	y the	amed corporation's	ation submits this statement for the purpose of ch s board of directors. I hereby accept the appointr	anging i	ts registered registered
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age	ent sign	nature required wi			
12.	OFFICERS ANI		13			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TITLE		ļ	ι	Change	e
NAME	CEBALLOS, MARIA		1.2 NAME					
STREET ADDRESS	921 SW 88 WAY		1.3 STREE	TAD	DRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33025		1.4 CITY-5	ST-ZIF	P		7.00	
TITLE		☐ DELETE	2.1 TITLE		}	· ·	Change	a Addition
NAME			2.2 NAME		İ			
STREET ADORESS		~ <del></del>	2.3 STREE	ET ADO	ORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZI				
TITLE		☐ DELETE	3.1 TITLE			Į.	Change	e 🔲 Addition
NAME :			3.2 NAME		-			
STREET ADDRESS			3.3 STREE	ET ADD	DRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-	ST-Z	3P			
Υπιε		☐ DELETE	4.1 TITLE			[	Change	e Addition
NAME			4. 2 NAME					'
STREET ADDRESS			4.3 STREE	ET ADD	DRESS			
CITY-ST-ZIP		<u></u>	4.4 CITY-5	ST-ZIF	P			
TITLE		☐ DELETE	5.1 TITLE		Į	[	Change	e Addition
NAME.			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADO	DRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIF	P			
TITLE		☐ DELETE	6.1 TITLE				Change	a Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ET ADD	DRESS			
C/TV-ST-ZIP			6.4 CITY-5	ST-ZIP	P			

14. I 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, with all other like empowered.

MARIAGE DO 1105 Plana Challes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR