Mar 08, 1999 8:00 am

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000021656

1. Corporation Name

Principal Place of Business Mailing Address 1604 SOUTHWEST 8TH STREET 1604 SOU	OLGA FASHIONS, INC.								
MIAMI FL 33135 MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	Principal Place of Business	Mailing Address			1 JAMILLANI 13M 18113 12851 82715 8.	1111 20 111 651	IB (FEB) (IB)	3 Birgt Altib Bill (88	
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. FEI Number 65-0745397 Not Applied 5. Certifcate of Status Desired 58.75 Addit Fee Requir City & State 5. Certifcate of Status Desired 7. Fee Requir City & State 6. Election Campaign Financing 7. Added to Fee Requir City & State 6. Election Campaign Financing 7. Added to Fee Requir City & State 7. Country 8. This corporation owes the current year Intangible 7. Personal Property Tax. 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 82. Street Address (P.O. Box Number is Not Acceptable) 83. Zip Code 84. City 7. FL 85. Zip Code 85. Zip Code 85. Zip Code 86. Election Campaign Financing 7. Status Desired 85. Street Address (P.O. Box Number is Not Acceptable) 85. Zip Code 86. Election Campaign Financing 7. Status Desired 9. Name 9.						DO NOT WRITE IN THIS SPACE			
21							r		
Suite, Apt. #, etc. Suite, Apt. #, etc.	 1	<u></u>					· .	Applied For Not Applicabl	
City & State City & State 28 City & State 29 Country 29 9. Name and Address of Current Registered Agent HERRERA, OLGA 1604 SOUTHWEST 8TH STREET MIAMI FL 33135 6. Election Campaign Financing Trust Fund Contribution Added to Fe Trust Fund	Suite, Apt. #, etc.	· ' '						75 Additional ee Required	
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent HERRERA, OLGA 1604 SOUTHWEST 8TH STREET MIAMI FL 33135 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code	City & State	⊢ ´			, , ,			.00 May Be ided to Fees	
9. Name and Address of Current Registered Agent HERRERA, OLGA 1604 SOUTHWEST 8TH STREET MIAMI FL 33135 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code	Zip Country		Country	,	·	rent year l			
HERRERA, OLGA 1604 SOUTHWEST 8TH STREET MIAMI FL 33135 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code				10. Name and Address of New Registered Agent					
MIAMI FL 33135 83 84 City FL 85 Zip Code	•				ress (P.O. Box Number is Not Accept	able)	-	***** *****	
F <u>L</u> .			83				•		
				' '				Zip Code	
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 regional 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	office or registered agent, or both, in the S	State of Florida. Such change was autho	rized by	the corporation	poration submits this statement for the on's board of directors. I hereby acce	pt the app	of changii cintment	ng its registered as registered	
SIGNATURE Signature Wheel or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE	ALOTE: Desi	starad Acc	nt cianature require	at when reinstation)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				in aigitatora raquira			AND DIRE	ECTORS IN 12	

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1.1 TITLE

1.2 NAME

2.1 TITLE 2.2 NAME

31 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

Added to Fees ntangible □No Yes d Agent Zip Code 85 of changing its registered ointment as registered CR2E034 (11/98) ND DIRECTORS IN 12 Change Addition 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change Addition

FILED

Secretary of State

03-08-1999 90009 040 ***150.00

6.4 CITY-ST-ZIP 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 congoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. Block 12 or Block 13 if

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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HERRERA, OLGA

MIAMI FL 33135

1604 SOUTHWEST 8TH STREET

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Change

☐ Change

Addition

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Addition

Addition