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 # P97000074744

1. Corporation Name

B'ME CLOTHING FOR -U- INC.

Principal Plac	e of Business	

Mailing Address

14120 SW 142ND AVE

14120 SW 142ND AVE

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90179 029 ***150.00



MIAMI FL 33186	MIAMI FL 33186			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
_			_		08/27/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	├	Applied For	
21		26			65-0777203		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
22 City & State		City & State			- Flatin Compiler Figureira			
City & State	=	28			6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year in			
24	25	_ 	io		Personal Property Tax.	X Yes	□No	
	g. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered	i Agent		
			81	Name		_		
	rea, jose n		82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
	SW 107 AVE		02	Olicel Add	ilega (1.0. Bex Humber is Not Nesephasio)			
	E 311		83					
MIAN	AI FL 33176		84	City		. 85 Zic	Code	
			84	City	F	L 65 21	Code	
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut ations of, Section 607.0505, Florida.	horized by a Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	legistered Ager	nt signature require	ed when reinstating) DATE			
12.	_ 	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	DP	☐ DELETE	1.1 TΠLE			☐ Change		
NAME	ARANGO, PATRICIA		1.2 NAME	}				
STREET ADDRESS	9516 SW 154 PL		1.3 STREE	FADDRESS				
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-S	T-ZIP				
TITLE	DV	☐ DELETE	2.1 TITLE			Change	e 🔲 Addition	
NAME	MONTOYA, WILLIAM		22 NAME	İ				
STREET ADDRESS	9516 SW 154 PL		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-5	T-ZIP				
TITLE	DS	☐ DELETE	3.1 TITLE	}		Change	e	
NAME	CRISMATT, ALFONSO		3.2 NAME	}				
STREET ADDRESS	9516 SW 154 PL		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33196		3.4. CITY-5	T-ZIP			- Addition	
TITLE		☐ DELETE	4.1 TITLE	Ì		Chang	e	
NAME			4. 2 NAME					
STREET ADDRESS			4	ADORESS				
CITY-ST-ZIP			4 4 CiTY-S	T-ZIP		☐ Change	e Addition	
TITLE		☐ DELETE	5.1 TITLE			change	e Magagon	
NAME			6.2 NAME	T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-217		☐ Change	e Addition	
TITLE		☐ DELETE	6.2 NAME	}				
NAME			6.3 STREE	TADDDESS				
STREET ADDRESS				1				
CITY-ST-ZIP			6.4 CITY-S	1-21				

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 suppliemental 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.

SIGNATURE: