

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

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 008 ***550.00

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Corporation Name

M R FASHION, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/98

4. FEI Number

65-0835298

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business

150 W. 24 STREET, # D

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. BOX 112279

Suite, Apt. #, etc.

City & State

25 HIALEAH, FL. 33010

Zip

Country

City & State

28 HIALEAH, FL. 33011

Zip

Country

10. Name and Address of New Registered Agent

81 Name

JUAN C. CAPOTE

82 Street Address (P.O. Box Number is Not Acceptable)

30 E. 39 STREET, APT. 212

83

84 City

HIALEAH

FL

85 Zip Code

33013

I, 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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

GNATURE

6/29/99

DATE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

LE PRESIDENT ☐ DELETE
VE MANUEL ACUNA
REET ADDRESS 230 SO. ROYAL POINCIANA BLVD.
Y-ST-ZIP MIAMI SPRINGS, FL. 33166

LE ☐ DELETE

VE

REET ADDRESS

Y-ST-ZIP

LE ☐ DELETE

VE

REET ADDRESS

Y-ST-ZIP

LE ☐ DELETE

VE

REET ADDRESS

Y-ST-ZIP

LE ☐ DELETE

VE

REET ADDRESS

Y-ST-ZIP

LE ☐ DELETE

VE

REET ADDRESS

Y-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I, 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.

MANUEL ACUNA - PRESIDENT

SIGNATURE:

6/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)