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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harrts ***

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000064944

	S TUXEDOS & FORMAL WI	EAR, INC.						
Principal Place	e of Business	Mailing Address			+ 1984 1884 149 ctrtt rann tare anter atm ann	i altii asasa su	11 MINIC SIRT (BM)	
•		8210 N.E. 2ND AVENUE MIAMI FL 33138	E		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 07/23/1998			ļ
2 0	lace of Business	2a. Mailing Address			4. FEI Number	/ 10	upplied For	1
	lace or business	26			65-0/22-409	/	iot Applicable	1
Suite, Apt.	#, etć.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	1
22		27						35
City & State	e ,	City & State			6. Election Campaign Financing Trust Fund Contribution	-	May Be to Fees	
23	Country	Zip	Cou	ntry	8. This corporation owes the current year in	_	10.000	1
Žip	Country		10	y	Personal Property Tax.		□No	
24	9. Name and Address of Curren		101		10. Name and Address of New Registered	Agent		1
	o. Name and Address of Curren	i redistaren Alain		81 Name				1
	BILE.: DUVAL			82 Street Addre	ass (P.O. Box Number is Not Acceptable)			1
) N.E. 2ND AVENUE			0.00.7				
MIAI	VII FL 33138			83				
:				84 City	FI	85 Zip	Code	
		A LACTATOR FINAL Production	thaa			changing it	s registered	ł
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1506, Florida Statutes of Florida. Such change was sub	horized	by the corporation	oration submits this statement for the purpose of it's board of directors. I hereby accept the appo	ntment as r	agistered	•
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Stati	utes.				
SIGNATURE	Signature, typed or printed name of registered ages	all and ette of applicable. (NOTE 6	hereteine?	Agent signature required	when reinstating) OATE			=
12.		D DIRECTORS	13.	7 90111 0 97212 0 1 2 1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	CR2E034 (11/98)
TITLE	PD	☐ DELETE	1.1 717	TLE .	-	Change	Addition	Ξ
NAME	VIRGILE, DUVAL		1.2 N	ME			l	×
STREET ADDRESS	1301 NW 176 TERRACE		13 ST	REET ADDRESS			l	Ü
CITY-ST-ZIP	MIAMI FL 33169		1.4 CT	TY-ST-ZIP				182
TITLE	VD	☐ DELETE 2.1 TI		n.e		Change	Addition	0
NAME	VIRGILE, ROLLIN		2.2 NA	ME			,	1
STREET ADDRESS	825 NE 155 TERRACE						1	ì
CITY-ST-ZIP	MIAMI-FL 33162		2.3 51	REET ADORESS			ļ	
TITLE	SD		1	IREET ADORESS			<u> </u>	
NAME	,, 0	⊠ DELETE	1	ITY-ST-ZIP		Change	Addition	
	VIRGILE, EMMANUEL	⊠ DELETE	2.4 C	ITY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS	_ - _	⊠ DELETE	2.4 Cl 3.1 Till 32 NA	ITY-ST-ZIP		☐ Change	Addition	
CITY-ST-ZIP	VIRGILE, EMMANUEL		2.4 CI 3.1 TII 32 NA 3.3 ST	ITY-ST-ZIP ILE				
	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE	⊠ DELETE	2.4 CI 3.1 TII 32 NA 3.3 ST	ITY-ST-ZIP ILE WE FREET ADDRESS ITY-ST-ZIP		Change		
CITY-ST-ZIP	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137		2.4 Cl 3.1 Till 32 M 33 ST 34, Cl	ITY-ST-ZIP TLE MAE TREET ADDRESS ITY-ST-ZIP TLE				
CITY-ST-ZIP	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD		2.4 CI 3.1 TIII 32 NA 3.3 ST 3.4, CI 4.1 TIII 4.2 NA	ITY-ST-ZIP TLE MAE TREET ADDRESS ITY-ST-ZIP TLE				
CITY-ST-ZIP TITLE NAME	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD VIRGILE, LUCKNER	S OELETE	2.4 CI 3.1 TII 32 NA 33 ST 34, CI 4.1 TII 4.2 NA 4.3 ST 4.4 CII	ITY-ST-ZIP TLE MAE PREET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD VIRGILE, LUCKNER 17061 N.E. 5 COURT		2.4 CI 3.1 TII 3.2 MA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CII 5.1 TII	ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TLE			Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD VIRGILE, LUCKNER 17061 N.E. 5 COURT	S OELETE	2.4 CI 3.1 TIII 32 NA 3.3 ST 3.4 CI 4.1 TIII 4.2 NA 4.3 ST 4.4 CII 5.1 TIII 5.2 NA	ITY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD VIRGILE, LUCKNER 17061 N.E. 5 COURT	S OELETE	2.4 CO 3.7 TIT 32 NA 3.3 ST 3.4, CO 4.1 TIT 4.2 NA 4.3 ST 4.4 CE 5.1 TIT 5.2 NA 5.3 ST	ITY ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TLE TLE TLE TLE TREET ADDRESS		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD VIRGILE, LUCKNER 17061 N.E. 5 COURT	Ø DELETE	2.4 CO 3.7 TIT 32 NA 3.3 ST 3.4, CO 4.1 TIT 4.2 NA 4.3 ST 4.4 CO 5.1 TIT 5.2 NA 5.3 ST 5.4 CO	ITY ST-ZIP TREET ADDRESS TY'- ST-ZIP		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD VIRGILE, LUCKNER 17061 N.E. 5 COURT	S OELETE	2.4 CI 3.1 TII 32 NA 33 ST 34. CI 4.1 TII 4.2 NA 43 ST 5.4 TII 5.3 ST 5.4 CI 6.1 TII	ITY ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD VIRGILE, LUCKNER 17061 N.E. 5 COURT	Ø DELETE	2.4 CI 3.1 TII 32 NA 33 ST 34. CI 4.1 TII 4.2 NA 4.3 ST 54 CI 51 TII 52 NA 62 NA	ITY ST-ZIP ILE MAE TREET ADDRESS ITY-ST-ZIP ILE MAE REET ADDRESS IY-ST-ZIP ILE MAE REET ADDRESS IY-ST-ZIP ILE MAE REET ADDRESS IY-ST-ZIP ILE MAE ME		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VIRGILE, EMMANUEL 2491 N.W. 63RD TERRACE MIAMI FL 33137 TD VIRGILE, LUCKNER 17061 N.E. 5 COURT	Ø DELETE	2.4 CI 3.1 TII 32 MA 33 ST 34. CI 4.1 TII 4.2 NV 43 ST 44 CI 51 TII 52 NV 53 ST 54 CI 61 TII 62 NA 6.3 ST	ITY ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP		Change	Addition	

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 ennual 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 expende 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 appropriate.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DUXAL VIRGILE

5-10-77

Daytime Phone #

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