

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90006 016 ***550.00

DOCUMENT # **P98000073277**

1. Corporation Name

LITE FASHIONS ENTERPRISES, INC.



Principal Place of Business

**9820 NW 80 AVENUE
BAY-80
HIALEAH GARDENS FL 33016**

Mailing Address

**9820 NW 80 AVENUE
BAY-80
HIALEAH GARDENS FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

2. Principal Place of Business

21 9809 NW 80 Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 9809 NW 80 Ave
Suite, Apt. #, etc.

4. FEI Number

65-0759329

Applied For

Not Applicable

22 Bay 9-P.
City & State

27 Bay 9-P
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Hialeah, Florida
Zip Country

28 Hialeah, Florida
Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33016
25 **Dade**

29 33016
30 **Dade**

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**POLO, TRINIDAD
7080 WEST 35 AVENUE
#124
HIALEAH FL 33018**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **POLO, TRINIDAD**
STREET ADDRESS **7080 WEST 35 AVENUE, 124**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-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

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.

SIGNATURE:

Trinidad Polo

9-1-99.

CR2E034 (5/99)

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