

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S26993** (3)

1. Corporation Name
"MISS FANCY" PRODUCTS, CORP.



Principal Place of Business

2151 N. W. 13 AVE
APT. 16-17
MIAMI FL 33142
US

Mailing Address

2151 NW 13TH ST
MIAMI FL 33142
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

g. Name and Address of Current Registered Agent

MARTIN, FELIX J.
1840 W 49TH STREET, STE 105
MIAMI FL 33015

3. Date Incorporated or Qualified
01/24/1991

3a. Date of Last Report
01/20/1995

4. FEI Number
65-0348656

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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

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 of Person Changing the Corporation's Registered Office

Signature of Registered Agent

Signature of Corporation

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE

2. NAME: **ALMEIDA, ESPERANZA**

3. STREET ADDRESS: **924 N.W. 22ND ST.**

4. CITY-STATE-ZIP: **MIAMI FL**

5. TITLE: DELETE

6. NAME: DELETE

7. STREET ADDRESS: DELETE

8. CITY-STATE-ZIP: DELETE

9. TITLE: DELETE

10. NAME: DELETE

11. STREET ADDRESS: DELETE

12. CITY-STATE-ZIP: DELETE

13. TITLE: DELETE

14. NAME: DELETE

15. STREET ADDRESS: DELETE

16. CITY-STATE-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

2. NAME: Change Addition

3. STREET ADDRESS: Change Addition

4. CITY-STATE-ZIP: Change Addition

5. TITLE: Change Addition

6. NAME: Change Addition

7. STREET ADDRESS: Change Addition

8. CITY-STATE-ZIP: Change Addition

9. TITLE: Change Addition

10. NAME: Change Addition

11. STREET ADDRESS: Change Addition

12. CITY-STATE-ZIP: Change Addition

13. TITLE: Change Addition

14. NAME: Change Addition

15. STREET ADDRESS: Change Addition

16. CITY-STATE-ZIP: Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *Esperanza Almeida*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)