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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$42424

(9)

NAOMI BRIDAL AND FORMAL WEAR II, INC.

Mailing Address Principal Place of Business 100 EAST OAKLAND PARK BLVD. 100 EAST OAKLAND PARK BLVD. WILTON MANORS FL 33334 WILTON MANORS FL 33334-1154 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 04/01/1991 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 65-0261174 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes \sum No Country Country Zip Zio 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name **EID. MARWAN** 1572 SOUTHEAST 19TH AVENUE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signaline Typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE TITLE 1 1 TITLE **EID, MARWAN** 1.2 NAME NAME 1572 S.E. 19TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 1.4 CITY-ST-ZIP CHY-ST-ZIP DELETE ☐ Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP City - St - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - \$1 - ZIP CHY-ST-ZIF

14. I do hereby certify that the information supplied with this filine toos per qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplementa 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 or an attachment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME **5.3 STREET ADDRESS**

6.1 TITLE

6.2 NAME

54 City-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

THLE NAME

TITLE NAM

STREET ADDRESS

STREET ADDRESS CHIY-SI-74P

STREET ADDRESS

CHY-ST-ZIP

CITY-ST-ZIF

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May 16 1997 8:00am

Secretary of State