SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

✓ APPROVED AND FILED

95 JUL -5 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S42579** **(0)**

1. Corporation Name

GABRIEL FERNANDEZ DESIGNER, INC.

Principal Place of Business	Mailing Address
3102 BAY VILLA **TAMPA FL 33611**	**3102 BAY VILLA** **TAMPA FL 33611**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1991**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
(24) (25) / (29) (30)

4. FEI Number: **59-3060745** ☐ 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 was liable for income tax under s. 220.13, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, GABRIEL
3102 BAY VILLA
TAMPA FL 33611

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 (typed name of registered agent and title if applicable) (Typed name of registered agent and title) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
(81) TITLE (82) NAME (83) STREET ADDRESS (84) CITY ST ZIP	D FERNANDEZ, GABRIEL 3102 BAY VILLA TAMPA FL	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY ST ZIP	☐ Change ☐ Addition
(81) TITLE (82) NAME (83) STREET ADDRESS (84) CITY ST ZIP		2 TITLE 3 NAME 4 STREET ADDRESS 5 CITY ST ZIP	☐ Change ☐ Addition
(81) TITLE (82) NAME (83) STREET ADDRESS (84) CITY ST ZIP		3 TITLE 4 NAME 5 STREET ADDRESS 6 CITY ST ZIP	☐ Change ☐ Addition
(81) TITLE (82) NAME (83) STREET ADDRESS (84) CITY ST ZIP		4 TITLE 5 NAME 6 STREET ADDRESS 7 CITY ST ZIP	☐ Change ☐ Addition
(81) TITLE (82) NAME (83) STREET ADDRESS (84) CITY ST ZIP		5 TITLE 6 NAME 7 STREET ADDRESS 8 CITY ST ZIP	☐ Change ☐ Addition
(81) TITLE (82) NAME (83) STREET ADDRESS (84) CITY ST ZIP		6 TITLE 7 NAME 8 STREET ADDRESS 9 CITY ST ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately herewith and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Gabriel Fernandez Pres. 6-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date
GABRIEL FERNANDEZ
813-831-4636
Telephone Number

CR2E034 (3/95)