

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # **S43156** (6)

1. Corporation Name:

CARIBBEAN RAGS USED CLOTHES, INC.

Principal Place of Business:

**6754 S.W. 13TH TERRACE
MIAMI FL 33144**

Mailing Address:

**6754 S.W. 13TH TERRACE
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1991	3a. Date of Last Report 02/08/1994
4. FEI Number 65-0257816	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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip

9. Name and Address of Current Registered Agent

**DURAN, ISABEL
6754 S.W. 13TH TERRACE
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1504, Florida Statutes, the above named corporation submits the 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 607.0405, Florida Statutes.

SIGNATURE

Signature of Agent, Registered Agent, or Registered Agent and the Corporation

Signature of Registered Agent, Registered Agent and the Corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PD DURAN, ISABEL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	6754 S.W. 13TH TERRACE	2. STREET ADDRESS	
3. CITY, ST., ZIP	MIAMI FL	3. CITY, ST., ZIP	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST., ZIP		6. CITY, ST., ZIP	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST., ZIP		9. CITY, ST., ZIP	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST., ZIP		12. CITY, ST., ZIP	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST., ZIP		15. CITY, ST., 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 law under Florida Statutes. I further certify that the information included on the 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a changed column of information with an address.

SIGNATURE:

Isabel Duran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR