

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74051** (1)

1. Corporation Name
LUIGI FASHION CORPORATION

Principal Place of Business: **13620 S BISCAYNE RIVER DR N MIAMI FL 33161-2749**
Mailing Address: **13620 S BISCAYNE RIVER DR N MIAMI FL 33161-2749**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1991	3a. Date of Last Report 05/01/1994
21. State, Apt #, etc.	26. State, Apt #, etc.	4. FFI Number 65-0286813		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		6. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAMIREZ, LUIS GUILLERMO 13620 S BISCAYNE RIVER DR N MIAMI FL 33261				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 607.05(1) 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 607.05(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, LUIS GUILLERMO	12. NAME	
STREET ADDRESS	13620 S BISCAYNE RVR DR	13. STREET ADDRESS	
CITY, ST, ZIP	N MIAMI FL	14. CITY, ST, ZIP	
TITLE	ST	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, NIDIA	16. NAME	
STREET ADDRESS	13620 S BISCAYNE RVR DR	17. STREET ADDRESS	
CITY, ST, ZIP	N MIAMI FL	18. CITY, ST, ZIP	
TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY, ST, ZIP		22. CITY, ST, ZIP	
TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY, ST, ZIP		26. CITY, ST, ZIP	
TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY, ST, ZIP		30. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(5), 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 raise the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to override this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Luis G. Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUIS G. RAMIREZ

4-29-95 (305) 362-6419