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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S74051

(1)

1. Corporation Name

LUIGI FASHION CORPORATION



Principal Place of Business

18820 S BISCAYNE RIVER DR
N MIAMI FL 33161-2749

7788 W. 2 CT
HIALEAH, FL. 33014

Mailing Address

13620 S BISCAYNE RIVER DR
N MIAMI FL 33161-2749

7788 W. 2 CT
HIALEAH, FL. 33014

2. Principal Place of Business

21 7788 W. 2 CT

Suite, Apt. #, etc.

22

City & State

23 HIALEAH, FL

Zip

24 33014

Country

25 USA

2a. Mailing Address

26 7788 W. 2 CT

Suite, Apt. #, etc.

27

City & State

28 HIALEAH, FL.

Zip

29 33014

Country

30 USA

3. Date Incorporated or Qualified

08/14/1991

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0286813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMIREZ, LUIS GUILLERMO
13620 S BISCAYNE RIVER DR
N MIAMI FL 33261
7788 W. 2 CT
HIALEAH, FL. 33014

10. Name and Address of New Registered Agent

81 Name

N/A

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAMIREZ, LUIS GUILLERMO
STREET ADDRESS 18820 S BISCAYNE RVR DR
CITY-ST-ZIP N MIAMI FL 7788 W. 2 CT
HIALEAH, FL. 33014

TITLE ST
NAME RAMIREZ, NIDIA
STREET ADDRESS 13620 S BISCAYNE RVR DR
CITY-ST-ZIP N MIAMI FL 7788 W. 2 CT.
HIALEAH, FL. 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:

Nidia Ramirez - Nidia Ramirez 04-12-97 (305) 362-6419

CR2E034 (9/96)