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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$74051

LUIGI FASHION CORPORATION

Principal Place of	or Dadimood	Mailing Address			1		
7788 W 2 CT		7788 W 2 CT					
HIALEAH FL 3301	ا الله الله الله الله الله الله الله ال	HIALEAH FL 33014					
US		US			. DO NOT WRITE IN THIS SPA	CE	
					3. Date Incorporated or Qualifed		.
****					08/14/1991	, .	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Appli	ed For
	Ce of Dusiliess				65-0286813	Not A	Applicable
21		Suite, Apt. #, etc.				8.75 Add	
Suite, Apt. #,	etc.	<u>├-</u>			5. Certificate of Status Desired	Fee Requ	
22		27					
City & State		City & State			1 3 1 1	55.00 м	, ,
23		28			Trust Fund Contribution	Added to I	Fees
	் ் Country	Zip	Cou	untry	8. This corporation owes the current year Intangit	ole	
	25	29	30		Personal Property Tax.	Yes []No
	9. Name and Address of Current		11	Τ''	10. Name and Address of New Registered Age	nt	
	7. Name and Address of Current	- Regions of Figure		81 Name			
C DAMIC	REZ LUIS GUILLERMO						
7700	W.2,CT			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
					A section of the sect	·	0.000
HIALE	AH FL 33014	•		83			(a) a l
							4-
				84 City	FI 85	Zip Co	de [
		AGO Florida Photo	han Abn a	have somed some	existion submits this statement for the numose of char	nging its re	gistered
11. Pursuant to	the provisions of Sections 607.0502	z and 607,1508, Florida Statu of Florida Such change was a	tes, the a authorize	d by the corporation	oration submits this statement for the purpose of charn's board of directors. I hereby accept the appointme	nt as regis	stered
agent. I am	i familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Stat	tutes.	,		
-						1 - 1 - 1	, ,
SIGNATURE _	tgnature, typed or printed name of registered agent	ALCOHOL IS AN ADDRESS (ALCOHOL)					
		t and true if applicable. (NO)	E: Registere	d Agent signature required	when reinstating) DATE		
12.	OFFICERS ANI		E: Registere		ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	S IN 12
12. ;	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR:	S IN 12
TITLE	OFFICERS ANI	D DIRECTORS	13.	TILE .	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE 17	OFFICERS ANI PD RAMIREZ, LUIS GUILLERMO	D DIRECTORS	13. 1.1 T 1.2 N	TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND D		
NAME STREET ADDRESS	OFFICERS AND PD RAMIREZ, LUIS GUILLERMO 7788 W 2 CT	D DIRECTORS	13. 1.1 T 1.2 N	TILE .	ADDITIONS/CHANGES TO OFFICERS AND D		
NAME STREET ADDRESS	OFFICERS ANI PD RAMIREZ, LUIS GUILLERMO	D DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S	TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD RAMIREZ, LUIS GUILLERMO 7788 W 2 CT	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 Q	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND D		
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CITY ST ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS



FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90016 040 ***150.00