

**NO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 IT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:32

DOCUMENT # V00121 (6)

1. Corporation Name
GEORGE'S TRIMMING, CORP.

Principal Place of Business: **45 SW 62 CT MIAMI FL 33144 US**
 Mailing Address: **45 SW 62 CT MIAMI FL 33144 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1991	3a. Date of Last Report 06/07/1994
4. FEI Number 65-0316081	Appoint Fee Last Appointment
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has satisfied the information requirements of 1991 (12) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. <input type="checkbox"/>	28. <input type="checkbox"/>
24. <input type="checkbox"/>	29. <input type="checkbox"/>
25. <input type="checkbox"/>	30. <input type="checkbox"/>

9. Name and Address of Current Registered Agent
**SUESCUN, GEORGE
 45 SW 62 CT
 MIAMI FL 33144**

10. Name and Address of New Registered Agent
 81. Name
 82. Mailing 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 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUESCUN, GEORGE	1. NAME	
STREET ADDRESS	4011 W FLAGLER ST #504	1. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1. CITY, ST, ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.071 (5)(b), Florida Statutes. I further certify that the information submitted on this annual report or biannual report is true and accurate and that the corporation shall have the same kept on file in its records and shall, if an officer or director of the corporation or the receiver or liquidator empowered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE: *George Suescun* **GEORGE SUESCUN 6/23/95**

CR2E034 (3/95)