PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90001 013 ***150.00

DOCUMENT # 1. Corporation Name

EAST END CLOTHING CO.						A kodin dilali boliki ibilda kiloa kiloa ibili dalik dilak dilak dilak dilak dilak dilak dilak dilak dilak dil		
Principal Plac	e of Business	Mailing Address						
474 E. 49TH ST 285 DEER RVN 105 QUITE MIAMI SPRINGS FL 33166						DO NOT WRITE IN THIS SPACE		
HIALEAH FL 33166 US US				_				
US						3. Date Incorporated or Qualifed 01/21/1992	ļ	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied F	Or .	
21		<u> </u>	26			65-0304695 Not Applii		
Suite, Apt.	.#,.etc	Suite, Apt. #, etc.				\$8.75 Addition		
22		27				5 Certificate of Status Desired Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip Cou 29 30				8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
CRUANYAS, JAIME				81	Name			
285 DEER RVN				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI SPRINGS FL 33166				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							_ \	
					stered Agent signature required when reinstatung) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE			ddition	
NAME	D GARCIA, VIRGINIA M		li .	1.2 NAME				
STREET ADDRESS	(ı	1.3 STREET ADDRESS		•	- [
CITY-ST-ZIP	MIAMI SPRINGS FL			1.4 CITY-ST-ZIP				
TITLE	D DELETE		-	2.1 TITLE		☐ Change ☐ A	dition	
NAME	CRUANYAS, JAIME		2.2 NA	2.2 NAME			1	
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS		l	
CITY-ST-ZIP	MIAMI SPRINGS FL			2. 4 CITY-ST-ZIP				
TITLE	DELETE			3.1 TITLE			dition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STI	3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CI	3.4. CITY-ST-ZIP				
TITLE	DELETE		4.1 TITLE		-	☐ Change ☐ A	dition	
NAME			4. 2 NA	ME.			1	
STREET ADDRESS			4.3 STI	REET/	ADORESS			
CITY-ST-ZIP			44 CIT	V-ST-	.7IP		- 1	

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 ell other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

305 888 4471

Change

Change

Addition

☐ Addition