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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V15862** (8)

1. Corporation Name

TONY MOLINA'S EXCLUSIVE MAGIC DRESSING, INC.



Principal Place of Business

Mailing Address

**MIAMI SPRINGS COUNTRY CLUB
650 CURTISS PARKWAY
MIAMI SPRINGS FL 33166**

**MIAMI SPRINGS COUNTRY CLUB
650 CURTISS PARKWAY
MIAMI SPRINGS FL 33166**

3. Date Incorporated or Qualified

02/20/1992

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0315118

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOLINA, ANTONIO
MIAMI SPRINGS COUNTRY CLUB
650 CURTISS PARKWAY
MIAMI SPRINGS FL 33166**

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 607.0502 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 date of signature

Typed, Registered Agent Signature Required when Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

MOLINA, ANTONIO

STREET ADDRESS

650 CURTISS PARKWAY

CITY-ST-ZIP

MIAMI SPRINGS FL

TITLE

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NAME

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Corporate Secretary

CR2E034 (12/95)