

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V26119** (0)

1. Corporation Name
ORY FASHIONS, INC.

2. Former Name of Corporation

2a. Mailing Address

**9001 NW 8TH ST.
PEMBROKE PINES FL 33024
US**

**9001 NW 8TH ST.
PEMBROKE PINES FL 33024
US**

PLEASE WRITE IN THIS SPACE

21	10661 N.W. 20 ST.	25	10661 N.W. 20 ST.
22		27	
23		28	
24	33026	29	33026
25		30	

3. Date of Incorporation/Reincorporation	3a. Date of Last Report
04/01/1992	05/01/1994
4. FIC Number	Applied For / Not Applicable
65-0321648	
5. Certificate of Status Debited	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has not been delinquent in filing its annual report for the past 3 years	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SIVERIO, E. HENRY
2009 SW 98TH TER
MIRAMAR FL 33025**

10. Name and Address of Now Registered Agent

B1	Name
B2	Street Address (P.O. Box Number or Not Applicable)
B3	
B4	City
B5	State
	FL

11. The agent for the preparation of the report, the officer, and the filer of the Florida Statutes, the above named corporation, hereby certify that the information furnished in this report is true and correct to the best of their knowledge and belief, and that they are duly qualified to prepare the report as required by law.

12. OFFICERS AND DIRECTORS

12a	DP	
12b	ESTRADA, ROBERT	
12c	9001 NW 8TH ST.	
12d	PEMBROKE PINES FL	
12e	DST	
12f	ESTRADA, JAME	
12g	9001 NW 8TH ST.	
12h	PEMBROKE PINES FL	
12i		
12j		
12k		
12l		
12m		
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12q		
12r		
12s		
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12u		
12v		
12w		
12x		
12y		
12z		

13a	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13b		
13c	10661 N.W. 20 ST.	
13d	PEMBROKE PINES, FL 33026	
13e		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f		
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct to the best of my knowledge and belief, and that I am duly qualified to prepare the report as required by law.

SIGNATURE: *Robert Estrada* ROBERT ESTRADA 5/1/95 (305) 621-0065
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR