FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V45501 (6)

SONIA'S FASHION SHOP, CORP.

5841 SW 137 AVE

Principal Place of Business

Mailing Address

5841 SW 137 AVE

FILED May 01 1998 8:00am Secretary of State



MIAMI FL 331		MIAMI FL 33183		DO NOT WRITE IN THI	IP PRACE
				3. Date Incorporated or Qualified	3 STACE
				06/22/1992	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 857	3-H	26 8573-A	· 	65-0339713	Not Applicable
Sulte, Apt	#, etc. / Way	Suile, Apt. #, ptc.	Day	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	e C/-	Cyty & State	C	6. Election Campaign Financing	\$5.00 May Be
23 NICA	Country	28/1/14m1	PI.	Trust Fund Contribution	Added to Fees
24 331		29 33/55	Country 30 U.S.A.	8. This corporation owes or has paid the o	
24/00/	9, Name and Address of Curren		30 0.0.01	Personal Properly Tax due June 30. 10. Name and Address of New Registere	Yes No
MO	NTESINO, SONIA				
5841 SW 13TH AVE MIAMI FL 33183			82 Street Addr	200 5 11	
			Siree: Addr	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City	100 100 100 100 100 100 100 100 100 100	■ 85 Zip Code
			i I	F	
11. Pursuant to	to the provisions of Sections 607.050, anistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statutes.	or a board or directors. Thereby accept the ap	ppomment as registered
SIGNATURE		····			
12.	Signature, typed or printed name of registered ages OFFICERS AND		Hegistered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIDECTORS (N. 12
TITLE	0	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	MONTESINO, SONIA		1.2 NAME		C cytaige C 7000(10)
STREET ADDRESS	5841 SW 137 AVE		1.3 STREET ADDRESS		
CITY+ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TALE	Ď	DELETE	2.1 TITLE		Change Addition
NAME	MONTESINO, HIDALGO		2.2 NAME		
STREET ADDRESS	5841 SW 137 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	The state of the s		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELET€	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME		_ been	5.2 NAME		C) Change (Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby co	erlify that the information supplied wit	h this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further of e shall have the same legal effect as if made t	certify that the information
Officer or o	precior of the corporation of the recei	iver or trustee empowered to ex	xecute this report as requi	e shall have the same legal effect as it made the ired by Chapter 607. Florida Statutes; and that	t my name appears in
Block 12 or Block 13 if changed, or on an altachment with an address.					