

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 9:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 189582 (0)

1. Corporation Name
VOGUE ORIGINALS, INC

Principal Place of Business Mailing Address
**5101 N.W. 36TH AVENUE 5101 N.W. 36TH AVENUE
MIAMI FL 33142-3226 MIAMI FL 33142-3226**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/01/1955	08/05/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-0755063	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**BILU, YEHUDA
5101 N.W. 36TH AVENUE
MIAMI FL 33142**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILU, YEHUDA	1.2 NAME	
STREET ADDRESS	5101 N.W. 36TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILU, SAM	2.2 NAME	
STREET ADDRESS	5101 N.W. 36TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILU, YEHUDA	3.2 NAME	
STREET ADDRESS	5101 N.W. 36TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, IRA	4.2 NAME	
STREET ADDRESS	5101 N.W. 36TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILU, SHMUEL	5.2 NAME	
STREET ADDRESS	5101 N.W. 36TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBEDIN, SIMON	6.2 NAME	
STREET ADDRESS	5101 N.W. 36TH AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

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 110.07(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 on an attachment with an address.

SIGNATURE: Yehuda Bilu Pres. DATE: _____ DAYING FEE # _____