

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 280995 (2)
1. Corporation Name
VANITY DRESSES SHOP INC



Principal Place of Business Mailing Address
10 NW 2ND STREET MIAMI FL 33128 **10 NW 2ND STREET MIAMI FL 33128**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1964	3a. Date of Last Report 06/21/1995
21		26		4. FEI Number 59-1050248	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORFINKEL, NESTOR B. 7 NW 2ND STREET SUITE 203 MIAMI FL 33128				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SAPOZNIK, JOSE <input type="checkbox"/> DELETE	1.1 TITLE	Assistant Vice President Change <input checked="" type="checkbox"/> Addition
NAME	SAPOZNIK, JOSE	1.2 NAME	Frida Sapoznik
STREET ADDRESS	10 NW 2ND STREET	1.3 STREET ADDRESS	10 N.W. 2nd Street
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Miami, Florida 33128
TITLE	VD SAPOZNIK, LAZARO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPOZNIK, LAZARO	2.2 NAME	
STREET ADDRESS	10 NW 2ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD SAPOZNIK, CLARA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPOZNIK, CLARA	3.2 NAME	
STREET ADDRESS	10 NW 2ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD GORFINKEL, LEON <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORFINKEL, LEON	4.2 NAME	
STREET ADDRESS	10 NW 2ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D GORFINKEL, JULIUS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORFINKEL, JULIUS	5.2 NAME	
STREET ADDRESS	10 NW 2ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	900001752099
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-03/21/96--01022--021
			***200.00

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 on an attachment with an address.

SIGNATURE: *Jose Sapoznik* President 2/17/96 (305) 371-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

DKB
3/20/96