

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

**FILED**

95 MAR 30 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L57390**

1. Corporation Name

One Stop Fashion, Inc.

200001445062

-03/31/95--01058--009

\*\*\*200.00 \*\*\*200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 4875 No. Federal Highway 7th Floor Ft. Lauderdale, FL 33308	Mailing Address 4875 No. Federal Highway 7th Floor Ft. Lauderdale, FL 33308
--	--

3. Date Incorporated or Qualified 3/15/90 3a. Date of Last Report

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0178703	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Arthur R. Rosenberg
82 Street Address (P.O. Box Number is Not Acceptable) 4875 North Federal Highway, 7th Floor
83
84 City Fort Lauderdale
85 Zip Code FL 33308

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

*Arthur R. Rosenberg*

(NOTE: Registered Agent signature required when transferring)

DATE

3/19/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D/T	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Cherbar, Jude	1.2 NAME		
STREET ADDRESS 4875 North Federal Hwy., 7th Floor	1.3 STREET ADDRESS		
CITY, ST, ZIP Fort Lauderdale, FL 33308	1.4 CITY, ST, ZIP		
TITLE S	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mizrahi, Michal	2.2 NAME		
STREET ADDRESS 4875 No. Federal Hwy., 7th Floor	2.3 STREET ADDRESS		
CITY, ST, ZIP Fort Lauderdale, FL 33308	2.4 CITY, ST, ZIP		
TITLE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY, ST, ZIP	3.4 CITY, ST, ZIP		
TITLE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY, ST, ZIP	4.4 CITY, ST, ZIP		
TITLE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY, ST, ZIP	5.4 CITY, ST, ZIP		
TITLE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY, ST, ZIP	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)(6), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W. W. W. W. 1/3/95*

3/23/95 (305) 772-5451

RC