

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

**FILED**

**Mar 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # M16044**  
1. Corporation Name  
**LAST FASHIONS INC.**

**(3)**



Principal Place of Business  
**844 WEST FLAGLER ST.  
MIAMI FL 33130**

Mailing Address  
**844 WEST FLAGLER ST.  
MIAMI FL 33130-1222**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/01/1985</b>	3a. Date of Last Report <b>04/18/1996</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>59-2565748</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**  
**MARTINEZ, GUIDO R.  
844 WEST FLAGLER ST.  
MIAMI FL 33130**

**10. Name and Address of New Registered Agent**

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

11. I, the undersigned, in accordance with Sections 607.0502 and 607.1108, 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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
1.5 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.6 NAME		2.2 NAME	
1.7 STREET ADDRESS		2.3 STREET ADDRESS	
1.8 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
1.9 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.10 NAME		3.2 NAME	
1.11 STREET ADDRESS		3.3 STREET ADDRESS	
1.12 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
1.13 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.14 NAME		4.2 NAME	
1.15 STREET ADDRESS		4.3 STREET ADDRESS	
1.16 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
1.17 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.18 NAME		5.2 NAME	
1.19 STREET ADDRESS		5.3 STREET ADDRESS	
1.20 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
1.21 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.22 NAME		6.2 NAME	
1.23 STREET ADDRESS		6.3 STREET ADDRESS	
1.24 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this financial report or supplementary 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 of Book 114, changed, or on an attachment with an address.

**SIGNATURE:** *Sandra B. Mortenson* **3-17-97** **305-354-8501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date

CR2E034 (9/96)