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

Mailing Address

SUITE B-18

2a. Malling Address

City & State

Zip

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3013 YAMATO ROAD

BOCA RATON FL 33434

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business

3013 YAMATO ROAD

BOCA RATON FL 33434

2. Principal Place of Business

DEUTSCH, EDWARD 3013 YAMATO ROAD B18

SIGNATURE:

BOCA RATON FL 33434

SUITE B18

Suite, Apt. #, etc.

City & State

SUITE B-18

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Zip



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

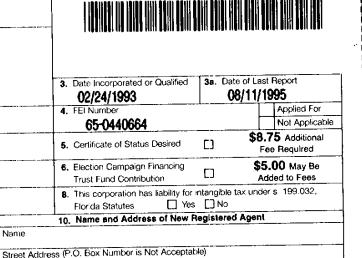
P93000014050 (7) **DOCUMENT #** Corporation Name

MONTAGE FINE LADIES APPAREL, INC.

Country

9. Name and Address of Current Registered Agent

25



Zip Code

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 signal trainequired when reinstating) DATE CR2E034 (12/95) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1. 1 TITLE TILE 1.2 NAME DEUTSCH, EDWARD NAME 1.3 STREET ADDRESS 7039 MANDARIN DRIVE STREET ADDRESS 1.4 CITY - ST - ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2 1 TITLE THILE 2.2 NAME DEUTSCH, MERYL NAME 2.3 STREET ADDRESS 7039 MANDARIN DR. STREET ADDRESS 2 4 CITY - ST - ZIP **BOCA RATON FL** DITY-ST-ZIP Addition Change | DELE E 3.1 TiTLE THLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - ST-7/F Change ☐ Addition DELFIE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- 2IP CHY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELE1E 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 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 certify that I am an officer or director of the corporation or the receiver or to supplement an accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or to supplement and the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or to supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or to supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the co 6.4 CITY-ST-ZIP

Country

81 Name

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84 City

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