

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90033 011 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040372

1. Corporation Name
NEXT GENERATION FASHIONS & PATTERNS, INC.

Principal Place of Business
1650 W. OAKLAND PARK BLVD.
SUITE 66. UNIT 9127
FORT LAUDERDALE FL 33311

Mailing Address
1650 W. OAKLAND PARK BLVD.
SUITE 66. UNIT 9127
FORT LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
06/08/1993

4. FEI Number
65-0407022

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

ADRIANO, DIANA
3101 OAKLAND SHORES DRIVE
APARTMENT H-105
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
SOARES, CLEONE FLORES
3101 OAKLAND SHORES DR., APT. H-105
FORT LAUDERDALE FL 33309

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
NOGUEIRA, ANTONIO MURILO
4315 REFLECTIONS BLVD., APT. 204 NORTH
SUNRISE FL 33351

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
ADRIANO, DIANA
3101 OAKLAND SHORES DR., APT. H-105
FORT LAUDERDALE FL 33309

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE: X [Signature]
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/99 954-486-9962
Date Daytime Phone #

CR2E034 (1/98)