

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Mulholland
Secretary of State
1995

APPROVED
AND
FILED

MAY 23 7:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000026858 (8)**

A.P.P. FASHIONS, INC.

(Do Not Write In This Space)

1. Principal Place of Business 2610 N.W. 3RD AVENUE MIAMI FL 33127		2a. Mailing Address 2610 N.W. 3RD AVENUE MIAMI FL 33127		3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report
2. Filing Officer's Name 21	2b. Mailing Address 26	4. FEI Number 65-0495247	Applied For Not Applicable		
22. State App # of	27. State App # of	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. City & State	29. City & State	7. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHAVEZ, GILDA M ESQ. 4960 S.W. 72ND AVENUE SUITE 403 MIAMI FL 33155				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 607.0402 and 607.0408, 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 provisions of Section 607.0408, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES IN OFFICERS AND DIRECTORS	
NAME PD MENESES, ABILIO A 2610 N.W. 3RD AVENUE MIAMI FL 33127		1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS VD SIMON, JOSE A 2610 N.W. 3RD AVENUE MIAMI FL 33127		2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY & STATE S SANTANA, MARIA T 2610 N.W. 3RD AVENUE MIAMI FL 33127		3. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY & STATE T MENESES, LYDIA 2610 N.W. 3RD AVENUE MIAMI FL 33127		4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY & STATE		5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY & STATE		6. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY & STATE		7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY & STATE		8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY & STATE		9. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY & STATE		10. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.011(4)(a), Florida Statutes. I further certify that the information included 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. 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 13 of this report, or on an addendum with an address.

SIGNATURE: *[Signature]* DATE: **MAY-19-95** (305) **576-0730**