SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400026858 (8)

A.P.P. FASHIONS, INC.

Second Companies Second Comp									
Description	Principal Place	of Business	Mailing Address	Mailing Address				I	in idiği oling don tanı
Promptop Place of Business									
201							04/04/1994		/1995
Suite, Apt #, etc 20 20 21 22 27 27 28 28 29 20 20 20 20 20 20 20		ace of Business	2a. Mailing Address				**		
27 Cq y & State 28 Cq y & State 29 Cq y & State 29 Cq Country 29 D Country 20 D Sy	21					65-0495247			
City & State		t, etc					5. Certificate of Status Desired		
20	22 Catalog State			City & State			& Flaction Campaign Financing		
2p			<u>├</u> ¬ ′					Ш	
Section Sect		Country			ntry		8. This corporation has liability for i	ntangible tax	unders 199 032
CHAVEZ, GILDA M ESO. 4980 S.W. 72ND AVENUE SUITE 403 82 Street Address (FO. Box Number is Not Acceptable)	24	25 29 30		30	Tionad Secretary				
CHAVEZ, GIDA M ESO.		9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Re	gistered Age	nt
\$2 Street Address (P.O. Box. Number is Not Acceptable)	CHA	AVEZ. GILDA M ESQ.			81	Name			
SUITE 403 MIAMIN FL 33155 88				82 Street Add			ress (P.O. Box Number is Not Acceptable)		
MIAM FL 33155				93					
11. Pursuant to the provisions of Sections 607 0500 and 607 1508. Florida Statutes, the above harmon corporation submits statement for the purpose of changing its registered office or registericity agent, or both, in the State of Florida. Sixth change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent if an formula with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Inte. PO. DELETE 11 THE PO. DELETE 11 THE VVD. DELETE 11 THE VVD. DELETE 21 THE VVD. DELETE 31 THE VVD. DELETE	MIA	MI FL 33155		[
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14. Ido 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 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 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

96 576-0730