

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

**FILED**

**May 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000026858 (8)**

1. Corporation Name:  
**A.P.P. FASHIONS, INC.**



Principal Place of Business <b>2010 N.W. 3RD AVENUE MIAMI FL 33127</b>	Mailing Address <b>540 NW 28th 2610 N.W. 3RD AVENUE MIAMI FL 33127-4107</b>
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2. Principal Place of Business <b>21 540 NW 28th St</b>	2a. Mailing Address <b>26 540 NW 28th St</b>	3. Date Incorporated or Qualified <b>04/04/1994</b>	3a. Date of Last Report <b>06/26/1996</b>
22 City & State <b>MIAMI FL</b>	27 City & State <b>MIAMI FL</b>	4. FEI Number <b>65-0495247</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip <b>33127</b>	25 Country <b>U.S.</b>	29 Zip <b>33127</b>	30 Country <b>U.S.</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. 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 <b>CHAVEZ, GILDA M ESQ. 4980 S.W. 72ND AVENUE SUITE 403 MIAMI FL 33155</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENESES, ABILIO A	1.2 NAME	
STREET ADDRESS	<del>2010 N.W. 3RD AVENUE</del> <b>540 NW 28 St</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, JOSE A	2.2 NAME	
STREET ADDRESS	<del>2010 N.W. 3RD AVENUE</del> <b>540 NW 28 St</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, MARIA T	3.2 NAME	
STREET ADDRESS	<del>2010 N.W. 3RD AVENUE</del> <b>540 NW 28 St</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENESES, LYDIA	4.2 NAME	
STREET ADDRESS	<del>2010 N.W. 3RD AVENUE</del> <b>540 NW 28 St</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Lydia Menezes* **4/25/97** **596-0730**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)