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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moxham 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 Mailing Address  
**540 N.W. 28th. STREET  
MIAMI, FL. 33127**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>04/04/1994</b>	3a. Date of Last Report <b>05/25/1997</b>
4. FEI Number <b>65-0495247</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**  
**CHAVEZ, GILDA M. ESQ.  
4960 S.W. 72nd. AVE.  
SUITE 403  
MIAMI, FL. 33155**

**10. Name and Address of New Registered Agent**

81 Name	<b>LOIDA LEMUS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6431 S.W. 106th. AVE.</b>
83	
84 City	<b>MIAMI FL 85 33173</b>

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 Loida Lemus DATE 9/3/97

Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD. <input checked="" type="checkbox"/> DELETE
NAME	<b>MENESES, ABILIO A.</b>
STREET ADDRESS	<b>6431 S.W. 106th. AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL. 33173</b>
TITLE	VD. <input type="checkbox"/> DELETE
NAME	<b>SIMON, JOSE A.</b>
STREET ADDRESS	<b>540 N..W. 28th.ST.</b>
CITY-ST-ZIP	<b>MIAMI, FL. 33127</b>
TITLE	S. <input type="checkbox"/> DELETE
NAME	<b>SANTANA, MARIA T.</b>
STREET ADDRESS	<b>540 N.W. 28th.ST. MIA, FL. 33127</b>
CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>MENESES, LYDIA</b>
STREET ADDRESS	<b>6431 S.W. 106th.AV.Mia, Fl.</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GISBERT, NOELIA</b>
1.3 STREET ADDRESS	<b>6775 S.W. 103 CT.</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33173</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>4000002296014--6</b>
2.3 STREET ADDRESS	<b>-09/17/97--01098--002</b>
2.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GISBERT, NOELIA</b>
4.3 STREET ADDRESS	<b>6775 S.W. 103th.CT.</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FL. 33173</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*A. Alan*  
9/12/97

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: [Signature] DATE: 9/3/97 (305) 576-0730

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)