


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

**APPROVED
AND
FILED**

1997 OCT 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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Amended

DOCUMENT # P 94000026858 (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		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/04/1994	05/25/1997
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0495247	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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				10. Name and Address of New Registered Agent			
LOIDA LEMUS 6431 S.W. 106th. AVE. MIAMI, FL. 33173				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 *Loida Lemus* DATE *Oct 23-97*

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD.	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NOELIA GISBERT			12 NAME	MENESES, ABILIO A.		
STREET ADDRESS	6775 S.W. 103 CT.			13 STREET ADDRESS	6431 S.W. 106th. AVE.		
CITY-ST-ZIP	MIAMI, FL. 33173			14 CITY-ST-ZIP	MIAMI, FL. 33173		
TITLE	VD	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, JOSE A.			22 NAME			
STREET ADDRESS	540 N.W. 28th. ST.			23 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL. 33127			24 CITY-ST-ZIP			
TITLE	S.	<input type="checkbox"/> DELETE		31 TITLE	800002333178	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTANA, MARIA T.			32 NAME	-10/29/97--01116--010		
STREET ADDRESS	540 N.W. 28th. ST.			33 STREET ADDRESS	****61.25 ****61.25		
CITY-ST-ZIP	MIAMI, FL. 33127			34 CITY-ST-ZIP			
TITLE	T.	<input checked="" type="checkbox"/> DELETE		41 TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GISBERT, NOELIA			42 NAME	MENESES, LYDIA L.		
STREET ADDRESS	6775 S.W. 103th. Ct.			43 STREET ADDRESS	6431 S.W. 106th. AVE.		
CITY-ST-ZIP	MIAMI, FL. 33173			44 CITY-ST-ZIP	MIAMI, FL. 33173		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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: *Noelia Gisbert* DATE: *10/23/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)