

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000026858 (8)

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**540 NW 28TH ST.
 MIAMI FL 33127
 US**

Mailing Address
**540 NW 28TH ST.
 MIAMI FL 33127
 US**

3. Date Incorporated or Qualified
04/04/1994

4. FEI Number
65-0495247

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
**LEMUS, LOIDA
 6431 S.W. 106TH AVE.
 MIAMI FL 33173**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MENESES, ABILIO A	
STREET ADDRESS	6431 SW 106TH AVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, JOSE A	
STREET ADDRESS	540 NW 28 ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SANTANA, MARIA T	
STREET ADDRESS	540 NW 28 ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MENESES, LYDIA	
STREET ADDRESS	6431 S.W. 106TH AVE.	
CITY-ST-ZIP	MIAMI FL 33173	
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	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIAZ-MENESES, MARICEL	
1.3 STREET ADDRESS	3817 S.W. 82nd. AVE.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33155	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MENESES, EDWARD	
2.3 STREET ADDRESS	6431 S.W. 106th. AVE.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33173	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MENESES, LYDIA	
3.3 STREET ADDRESS	6431 S.W. 106th. AVE.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33173	
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MENESES, ALFRED	
4.3 STREET ADDRESS	3817 S.W. 82nd. AVE.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33155	
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		

14. I 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 Meneeses* **LYDIA MENESES** 1/21/98 (305) 576-0730

CR2E034 (10/97)