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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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEMUS, LOIDA
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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD**
MENESES, ABILIO A
 STREET ADDRESS **6431 SW 106TH AVE**
 CITY-ST-ZIP **MIAMI FL 33173**

1.1 TITLE Change Addition
 VS
 1.2 NAME **DIAZ-MENESES, MARICEL**
 1.3 STREET ADDRESS **3817 S.W. 82nd. AVE.**
 1.4 CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE DELETE
 NAME **VD**
SIMON, JOSE A
 STREET ADDRESS **540 NW 28 ST.**
 CITY-ST-ZIP **MIAMI FL 33127**

2.1 TITLE Change Addition
 VD
 2.2 NAME **MENESES, EDWARD**
 2.3 STREET ADDRESS **6431 S.W. 106th. AVE.**
 2.4 CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE DELETE
 NAME **S**
SANTANA, MARIA T
 STREET ADDRESS **540 NW 28 ST.**
 CITY-ST-ZIP **MIAMI FL 33127**

3.1 TITLE Change Addition
 S
 3.2 NAME **MENESES, LYDIA**
 3.3 STREET ADDRESS **6431 S.W. 106th. AVE.**
 3.4 CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE DELETE
 NAME **T**
MENESES, LYDIA
 STREET ADDRESS **6431 S.W. 106TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33173**

4.1 TITLE Change Addition
 VT
 4.2 NAME **MENESES, ALFRED**
 4.3 STREET ADDRESS **3817 S.W. 82nd. AVE.**
 4.4 CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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)