

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

FILED
Aug 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000026858 (8)
1. Corporation Name
APP Fashions Inc.

Principal Place of Business: 540 NW 28th St
MIAMI FL 33127
Mailing Address: Amend

2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25 Country	30 Zip

3. Date Incorporated or Qualified 04/04/94	3a. Date of Last Report
4. FEI Number 65-0495247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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
Lemus, Loida
6431 SW 106 Ave.
MIA, 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: _____ DATE: _____
Signature typed or printed next to registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VS NAME STREET ADDRESS CITY-ST-ZIP	DIAR-Meneses, Maricel 3817 SW 82nd Ave MIAMI FL 33155	<input checked="" type="checkbox"/> DELETE
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Meneses, Edward 6431 SW 106 Ave MIAMI FL 33173	<input checked="" type="checkbox"/> DELETE
TITLE VT NAME STREET ADDRESS CITY-ST-ZIP	Meneses, AIFRED 3817 SW 82nd Ave MIAMI FL 33155	<input checked="" type="checkbox"/> DELETE
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Meneses ABILIO 6431 SW 106 Ave MIAMI FL 33173	<input type="checkbox"/> DELETE
TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	Meneses, Lydia 6431 SW 106 Ave MIAMI FL 33173	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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: *Maricel Meneses* 7/20/98 305-576-0730
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #

CR2E034 (9/96)