

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90013 040 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000092345

1. Corporation Name
 CONCEPT NY, INC.



Principal Place of Business

Mailing Address

753 WASHINGTON AVENUE
 MIAMI BEACH FL 33139
 US

753 WASHINGTON AVENUE
 MIAMI BEACH FL 33139
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

65-0621652

Applied For

Not Applicable

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 the current year Intangible Personal Property.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 817 LINCOLN Rd

26 817 LINCOLN Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Miami BEACH Fla

27 City & State
 MIAMI BEACH - Fla

Zip

Country

24 33139

25 US

Zip

Country

29 33139

30 US

9. Name and Address of Current Registered Agent

GURIAN, JORGE ESQ,
 7220 S.W. 59TH STREET
 MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name SYD GOLDBERG
 82 Street Address (P.O. Box Number is Not Acceptable)
 1 SE 31st Ave #1280
 83 SUNTRUST INTERNATIONAL CENTER
 84 City Miami FL 85 Zip Code 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Aug 11 99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEBAIX, FABIENNE	
STREET ADDRESS	4646 MERIDIAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENSOUSSAN, ALAIN	
STREET ADDRESS	4646 MERIDIAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD ZUCKERMAN SOL
2.3 STREET ADDRESS	70 LA GONCE CIRCLE
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: F. DEBAIX *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: Aug 11 99
 DAYTIME PHONE #: 305 5355633

CR2E034 (5/99)