

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT # **P97000014262 (4)**
1. Corporation Name
S.K. TRENDS, INC.

Principal Place of Business
**1051 COLLINS AVENUE
MIAMI BEACH FL 33139**

Mailing Address
**1051 COLLINS AVENUE
MIAMI BEACH FL 33139**



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

98

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 02/10/1997 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 City & State | | 28 City & State | | 65-0726781 | |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 25 Country | | 30 Country | | \$8.75 Additional Fees Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|----------|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KIRPLANI, SHALU 1619 LENOX AVENUE, APT 6 MIAMI BEACH FL 33139 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | 85 Zip Code | |
| Miami Beach | | FL 33139 | | | | | |

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 Shalu Kirplani, President DATE 1/2/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRPLANI, SHALU | 1.2 NAME | KIRPLANI, SHALU |
| STREET ADDRESS | 1619 LENOX AVENUE APT 6 | 1.3 STREET ADDRESS | 910 West Ave Apt 732 |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 1.4 CITY-ST-ZIP | Miami Beach, FL 33139 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRPLANI, PREM | 2.2 NAME | KIRPLANI, PREM |
| STREET ADDRESS | 1 IVY WOOD COURT | 2.3 STREET ADDRESS | 1 Ivywood Court |
| CITY-ST-ZIP | SILVER SPRINGS MD 20904 | 2.4 CITY-ST-ZIP | Silver Spring, MD 20904 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRPLANI, DEEPA | 3.2 NAME | KIRPLANI, DEEPA |
| STREET ADDRESS | 1 IVY WOOD COURT | 3.3 STREET ADDRESS | 1 Ivywood Court |
| CITY-ST-ZIP | SILVER SPRINGS FL 20904 | 3.4 CITY-ST-ZIP | Silver Spring, MD 20904 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 100002734531--2 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 01/00/99 01058-005 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | ****750.00 ****750.00 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Shalu Kirplani, President 1/2/98

CF2E034 (10/97)