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

Mailing Address

COOPER CITY FL 33026

11099 HELENA DRIVE. EMBASSY LAKES

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101273

Principal Place of Business 2542 N STATE RD 7

HOLLYWOOD FL 33021

FIRST FASHION U.S.A., INC.

บจ						3. Date incorporated or Qualifed	•	
						11/26/1997	T .	ind Co.
2. Pr	rincipal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
21			26			65-0797398		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	6./5 A Fee Re	dditional
22			27					· · · · · · · · · · · · · · · · · · ·
City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23			28			Trust rand Commodition	Added t	o Fees
Zi	ip Country		Zip Country		'	8. This corporation owes the current year Intangible		
24		25 29 30)		Personal Property Tax.		
		9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered Age	<u> </u>	
,					81 Name			
SMITH, EDWARD S JR.				82 Street Address (P.O. Box Number is Not Acceptable)				
11099 HELENA DRIVE, EMBASSY LAKI COOPER CITY FL 33026			ES				and the state of the state of	
				-			Zip (orte
				84	City	FL \°	י איי	
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								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Standard or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if appricable. [NOTE: Registered registration registration of registered agent and title if appricable.]								RS IN 12
12.	-·- I	PD	DELETE	1,1 TITLE	- "-		Change	☐ Addition
TITLE	ONTEL FORMADO C ID			1.2 NAME				
AAOOO LIELENIA DEINE EMBACCV LAKEC			V I AVEC		TADDDGGG			1
			T LANES	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-S	ST-ZIP	COOPER CITY FL 33026	☐ DELETE	2.1 TITLE	51-ZIP		Change	Addition
TITLE		D	□ DEFE IE			_	•	
NAME FRIENDLY, LEE TANG			11011011011	2.2 NAME				
STREET ADDRESS 1-A1D, SA1 YEUNG CHO1 STRE			EEI, MUNGKUK					1
CITY-S	ST-ZIP	KOWLON, HONG KONG		2. 4 CITY	ST-ZIP		Change	Addition
TITLE		D,	☐ DELETE	3.1 TITLE		Ц	James	
NAME	WARE STRAIGHT HAS ELONG, WHAT WE'RE.			3.2 NAME				1
STREE	STREET ADDRESS 1A-1K, SAI YEUNG CHO1 STREET, MONGKOK			3.3 STREET ADDRESS				- 1, - 1
CITY-	ST-ZIP	KOWLOON, HONG KONG		3.4. CITY-	ST-ZIP			1 deletion
TITLE			☐ DELETE	4.1 TITLE			Change	. 3 ☐ Addition
NAME				4. 2 NAME	:			
STREE	ET ADDRESS		•	4.3 STREE	T ADDRESS			ì
	ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME				1
ŀ	ET ADDRESS			5.3 STREE	ET ADDRESS			i
	1	71		5.4 CITY-	ST-ZIP			
TITLE	ST-ZIP	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ DELETE	6.1 TITLE			Change	☐ Addition
				6.2 NAME				
NAME	:				ET ADDRESS			\

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

954 964 6277

FILED

Jan 23, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-23-1999 90009 008 ***150.00

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, with all other like empowered.