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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0183190

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P98000039473**

1. Corporation Name

NEW LINE FASHION, INC.

Principal Place of Business	Mailing Address
2818 N.W. 5TH AVENUE MIAMI FL	2818 N.W. 5TH AVENUE MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1998**

4. FEI Number: **65-0831462** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Florida Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This Corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt #, etc.	Suite, Apt #, etc.
22 SUITE # 200	27 SUITE # 200
City & State	City & State
23 MIAMI FLORIDA	28 MIAMI FLORIDA
Zip Country	Zip Country
24 33145 25 U.S.	29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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 607.0508, 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: AMADA CANTERA LOPEZ.PRES 3/27/99
Signature, typed or printed name of registered agent and title if applicable (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD [ ] DELETE	11 TITLE [ ] Change [ ] Add/Delete
NAME	CORREA, GUILLERMO LEON	12 NAME
STREET ADDRESS	2818 N.W. 5TH AVENUE	13 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33127	14 CITY-ST-ZIP
TITLE	VPD [ ] DELETE	21 TITLE V/P/D/ CORREA OSCAR ALEJANDRO [ ] Change [ ] Add/Delete
NAME	CANALES, JUAN A	22 NAME 6915 MAIN STREET APT #435,FOUNTAIN HOUSE
STREET ADDRESS	3183 W/ 68TH PLACE	23 STREET ADDRESS MIAMI LAKES FLORIDA 33014
CITY-ST-ZIP	HIALEAH FL 33016	24 CITY-ST-ZIP
TITLE	[ ] DELETE	31 TITLE [ ] Change [ ] Add/Delete
NAME		32 NAME 700002836997--6
STREET ADDRESS		33 STREET ADDRESS -04/12/99--01138--022
CITY-ST-ZIP		34 CITY-ST-ZIP ****150.00 ****150.00
TITLE	[ ] DELETE	41 TITLE [ ] Change [ ] Add/Delete
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	[ ] DELETE	51 TITLE [ ] Change [ ] Add/Delete
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	[ ] DELETE	61 TITLE [ ] Change [ ] Add/Delete
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

$174/9

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.

SIGNATURE: 3/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)
OSCAR ALEJANDRO CORREA VICE/DIRECT

CR2E034 (11/98)