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Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90009 023 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000064543

1. Corporation Name
ADRIANA FASHION CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2098 NW 20 STREET #12
 MIAMI FL 33142

Mailing Address
 2098 NW 20 STREET #12
 MIAMI FL 33142

3. Date Incorporated or Qualified
07/22/1998

2. Principal Place of Business
 21 **2801 NW 5th Ave.**

2a. Mailing Address
 26 **2801 NW 5th Ave.**

4. FEI Number
65-0855210

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

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

City & State
 23 **MIAMI, FL**

City & State
 28 **MIAMI, FL**

6. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
 24 **33127** 25 Country

Zip
 29 **33127** 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
PREVITI, PETER ESQ
5825 SUNSET DRIVE SUITE 210
MIAMI FL 33143

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PARK, YU SHIN	1.2 NAME	PARK, YU SHIN
STREET ADDRESS	2098 NW 20 STREET #12	1.3 STREET ADDRESS	2801 NW 5th Ave.
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	MIAMI, FL 33127
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME		2.2 NAME	EDSON HAN
STREET ADDRESS		2.3 STREET ADDRESS	2801 NW 5th Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33127
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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, with all other like empowered.

SIGNATURE: *Edson Han* **SIGNATURE EDSON HAN** **6/23/99.** **(305)572-17**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #