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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S89328

1. Corporation Name
HMG/FASHION SQUARE, INC.



Principal Place of Business
 2701 S BAYSHORE DR
 PH
 COCONUT GROVE FL 33133

Mailing Address
 2701 S BAYSHORE DR
 PH
 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	65-0295852		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	Country	8	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROTHSTEIN, LAWRENCE 2701 SOUTH BAYSHORE DR., PENTHOUSE COCONUT GROVE FL 33183				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WIENER, MAURICE	1.1 TITLE	C/D WIENER, MAURICE
NAME	2701 S BAYSHORE DR, PH	1.2 NAME	2701 South Bayshore Dr., PH
STREET ADDRESS	COCONUT GROVE FL	1.3 STREET ADDRESS	COCONUT GROVE, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD ROTHSTEIN, LAWRENCE I.	2.1 TITLE	D/P/S ROTHSTEIN, LAWRENCE, I.
NAME	2701 S BAYSHORE DR, PH	2.2 NAME	2701 South Bayshore Dr., PH.
STREET ADDRESS	COCONUT GROVE FL	2.3 STREET ADDRESS	COCONUT GROVE, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V CAMAROTTI, CARLOS	3.1 TITLE	V/AS CARLOS CAMAROTTI
NAME	2701 S BAYSHORE DRIVE	3.2 NAME	2701 South Bayshore Dr., PH
STREET ADDRESS	COCONUT GROVE FL	3.3 STREET ADDRESS	COCONUT GROVE, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ DATE: 4/8/99 DAYTIME PHONE #: (305) 854-6823

CR2E034 (11/98)