

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 311950 (0)

1. Corporation Name

FASHION IMPORTS, INC.

Principal Place of Business

3251 E. 11TH AVENUE
HIALEAH FL 33013

Mailing Address

3251 E. 11TH AVENUE
HIALEAH FL 33013



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MUY, FERNANDO CHANG
411 E. RIVO ALTO DRIVE
MIAMI FL 33139

3. Date Incorporated or Qualified

12/20/1966

3a. Date of Last Report

04/20/1995

4. FEI Number

59-1291756

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

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

(Signature, typed or printed name of registered agent and title is acceptable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUI, WAI CHIU	
STREET ADDRESS	780 E. 39TH STREET	
CITY - ST - ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHIONG, JULIO	
STREET ADDRESS	190 W. 51ST STREET	
CITY - ST - ZIP	HIALEAH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	YON, ANTONIO	
STREET ADDRESS	7631 DILIDO BLVD	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHANG MUY, JUANA ASIA	
STREET ADDRESS	411 EAST RIVO ALTO DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHIONG, WAI HAR	
STREET ADDRESS	190 W 51ST STREET	
CITY - ST - ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUI, MEE NGAN	
STREET ADDRESS	780 E 39TH STREET	
CITY - ST - ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 (305) 836-0571

Date

Daytime Phone #

CR2E034 (12/95)