

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

FILED

May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 311950 (0)**  
 1. Corporation Name:  
**FASHION IMPORTS, INC.**

Principal Place of Business <b>9251 E. 11TH AVENUE HIALEAH FL 33013</b>	Mailing Address <b>3251 E. 11TH AVENUE HIALEAH FL 33013-3515</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/20/1966</b>	3a. Date of Last Report <b>02/06/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-1291756</b>	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>MUY, FERNANDO CHANG 411 E. RIVO ALTO DRIVE MIAMI FL 33139</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 if applicable) (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUI, WAI CHIU</b>		1.2 NAME	
STREET ADDRESS <b>780 E. 39TH STREET</b>		1.3 STREET ADDRESS	
CITY- ST- ZIP <b>HIALEAH FL</b>		1.4 CITY- ST- ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHIONG, JULIO</b>		2.2 NAME	
STREET ADDRESS <b>180 W. 51ST STREET</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP <b>HIALEAH FL</b>		2.4 CITY- ST- ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHANG MUY, JUANA ASIA</b>		3.2 NAME	
STREET ADDRESS <b>411 EAST RIVO ALTO DRIVE</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP <b>MIAMI FL</b>		3.4 CITY- ST- ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHIONG, WAI HAR</b>		4.2 NAME	
STREET ADDRESS <b>180 W 51ST STREET</b>		4.3 STREET ADDRESS	
CITY- ST- ZIP <b>HIALEAH FL</b>		4.4 CITY- ST- ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUI, MEE NGAN</b>		5.2 NAME	
STREET ADDRESS <b>780 E 39TH STREET</b>		5.3 STREET ADDRESS	
CITY- ST- ZIP <b>MIAMI BEACH FL</b>		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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CR2E034 (9/96)