FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 468182 (1)

1. Corporation Name
NORMA FASHIONS, INC.

Principal Place of Business	Mailing Address
520 NW 27TH STREET MIAMI FL 33127	520 NW 27TH STREET MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/06/1975	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3630 N.W 49TH ST	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. SAME
23 City & State MIAMI FL	28 City & State
24 Zip 33142-3928 25 Country DADE	29 Zip 30 Country

4. FEI Number 59-1575731 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GINSBERG,BURTON ESQ. 1721 N.E. 164TH ST. NORTH MIAMI BEACH FL 33162	81 Name LUIS BRAFMAN 82 Street Address (P.O. Box Number is Not Acceptable) 3630 N.W. 49TH ST 83 84 City MIAMI FL 85 Zip Code 33142-3928

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] LUIS BRAFMAN DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAFMAN, LUIS	1.2 NAME	
STREET ADDRESS	20422 NE 7 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAFMAN, GERALDINE	2.2 NAME	
STREET ADDRESS	20422 NE 7 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH. FL	2.4 CITY-ST-ZIP	
TITLE	PSD	3.1 TITLE	☐ Change ☐ Addition
NAME	MEYERS,BARRY	3.2 NAME	
STREET ADDRESS	3553 N.W. 171 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MEYERS,OLGA	4.2 NAME	
STREET ADDRESS	3553 N.E. 171 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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] LUIS BRAFMAN 4/28/95 305 634-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0124641 CP