


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744823 (6) 1. Corporation Name THE FASHION GROUP INTERNATIONAL, INC. OF SOUTH FLORIDA					
Principal Place of Business 2957 FLAMINGO DR MIAMI BEACH FL 33140 US			Mailing Address SONIA JACOBSON 1320 S. DIXIE HWY. #270 CORAL GABLES FL 33146 US		
2. Principal Place of Business 21 1320 S. DIXIE HWY Suite, Apt. #, etc. 22 270 City & State 23 CORAL GABLES, FL. Zip 24 33146 Country 25 USA		2a. Mailing Address 26 1320 S. DIXIE HWY. Suite, Apt. #, etc. 27 270 City & State 28 CORAL GABLES Zip 29 33146 Country 30 USA		3. Date Incorporated or Qualified 11/02/1978 4. FEI Number 59-6525058 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CARSON, GAYLE 2957 FLAMINGO DR MIAMI BEACH FL 33140			10. Name and Address of New Registered Agent 81 Name SONIA JACOBSON % SFS 82 Street Address (P.O. Box Number is Not Acceptable) 1320 S. DIXIE HWY 83 CORAL GABLES 84 City FL. 85 Zip Code 33146		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE 1/6/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD CARSON, GAYLE 2957 FLAMINGO DR MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	RD SUSAN MEDINA THE MIAMI HERALD / HERALD PLAZA MIAMI FL. 33132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERLAN, EVELYN 20335 W. COUNTRY CLUB DR. #410 AVENTURA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACOBSON, SONIA 1320 S. DIXIE HWY #270 CORAL GABLES FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ANA-YVETTE 35 SIMENTON CIRCLE FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEDINA, SUSAN 1085 NE 210 TERR MIAMI BCH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSON, CHARLENE 7870 SW 99 ST PLANTATION FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i> SIGNATURE REQUIRED <i>[Signature]</i> SONIA JACOBSON 1/6/98 305 669 4245 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030363					

CR2E037 (10/97)