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 # **F95000000407 (5)**

1. Corporation Name

NORTH AMERICAN FASHIONS, INC.

Principal Place of Business

34-09 QUEENS BLVD.
LONG ISLAND CITY NY 11101

Mailing Address

34-09 QUEENS BLVD.
LONG ISLAND CITY NY 11101

3. Date Incorporated or Qualified: **01/25/1995**

3a. Date of Last Report:

4. FEI Number: **13-2783532** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SANI, LAL C		12 NAME	
STREET ADDRESS	8-10 W. 36TH ST.		13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018		14 CITY ST ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SANI, ASHOK		22 NAME	
STREET ADDRESS	8-10 W. 36TH ST.		23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018		24 CITY ST ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SANI, SUNIL		32 NAME	
STREET ADDRESS	8-10 W. 36TH ST.		33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018		34 CITY ST ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BRAUN, LEONARD		42 NAME	
STREET ADDRESS	8-10 W. 36TH ST.		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018		44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is true, 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 added, above or on an attachment with an address.

SIGNATURE: Leonard M Braun - President 3/15/96 908-482-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # EXT 115

LEONARD M. BRAUN

CR2E034 (12/95)