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 # **F95000004362 (8)**

1. Corporation Name

FASHION PROMOTIONS LIMITED INC.

Principal Place of Business

C/O ECKERT SEAMANS. ET AL.
701 BRICKELL AVE #1850
MIAMI FL 33131

Mailing Address

C/O ECKERT SEAMANS. ET AL.
701 BRICKELL AVE #1850
MIAMI FL 33131

3. Date Incorporated or Qualified: 09/08/1995

3a. Date of Last Report:

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

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

4. FEI Number: 13-2982674 — 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 607.0508, 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 — (Printed Name of Registered Agent or Officer) — DATE

12. OFFICERS AND DIRECTORS

TITLE: DCPS
NAME: BJERNESTAD, PETER
STREET ADDRESS: 35 LEXINGTON AVE
CITY-ST-ZIP: NORWALK CT 06854
☐ DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE — 1.2 NAME — 1.3 STREET ADDRESS — 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition

2.1 TITLE — 2.2 NAME — 2.3 STREET ADDRESS — 2.4 CITY-ST-ZIP — ☐ Change ☐ Addition

3.1 TITLE — 3.2 NAME — 3.3 STREET ADDRESS — 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition

4.1 TITLE — 4.2 NAME — 4.3 STREET ADDRESS — 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition

5.1 TITLE — 5.2 NAME — 5.3 STREET ADDRESS — 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition

6.1 TITLE — 6.2 NAME — 6.3 STREET ADDRESS — 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE: Peter Bjernestad — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/9/96 — Daytime Phone #: 203-838-9608

CR2E034 (12/95)