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

FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **F97000002419 (6)**

1. Corporation Name
PAULETTE FASHIONS SOUTH, INC.

Principal Place of Business
2601 NW 17TH LANE
POMPANO BEACH FL 33064

Mailing Address
~~2601 NW 17TH LANE~~
~~POMPANO BEACH FL 33064~~
350 GREGORY AVE
WEEHAWKEN NJ

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 350 GREGORY AVE
Suite, Apt. #, etc.
27
City & State
28 WEEHAWKEN NJ
Zip 29 07087 | Country 30

3. Date Incorporated or Qualified
05/07/1997

4. FEI Number **APPLIED FOR** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
FAND, DAVID
6860 TOWN HARBOR BLVD, 3219
BOCA RATON FL 33433

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 _____ (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AUSTRIAN, JEFFREY		1.2 NAME	
STREET ADDRESS	140 PROSPECT AVENUE APT 15S		1.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AUSTRIAN, IRWIN		2.2 NAME	
STREET ADDRESS	12 EMERY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FAND, MELVIN		3.2 NAME	
STREET ADDRESS	825 ALBE MURLE STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	WYCKOFF NJ		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FAND, DAVID		4.2 NAME	
STREET ADDRESS	6860 TOWN HARBOR BLVD 3219		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	6/23
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	100025
STREET ADDRESS			6.3 STREET ADDRESS	06/23/98--01026--036
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: DAVID FAND DAVID FAND 6/20/98