

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

000238

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90001 003 ***150.00

DOCUMENT # F97000002419

1. Corporation Name

PAULETTE FASHIONS SOUTH, INC.



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

Mailing Address
550 GREGORY AVENUE
WEEHAWKEN NJ 07087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

22-3498393

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 150 NW 25TH ST

Suite, Apt. #, etc.

22 City & State
MIAMI FLORIDA

23 Zip Country
33127

24

2a. Mailing Address

26 239 LINDBERGH PLACE

Suite, Apt. #, etc.

27 City & State
PATTERSON N.J.

28 Zip Country
07503

29

30

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 9095 RUTLEDGE AVENUE

84 City BOCA RATON

FL

85 Zip Code

33434

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☒ DELETE
NAME AUSTRIAN, JEFFREY
STREET ADDRESS 140 PROSPECT AVENUE APT 15S
CITY-ST-ZIP HACKENSACK NJ

TITLE VD ☒ DELETE
NAME AUSTRIAN, IRWIN
STREET ADDRESS 12 EMERY LANE
CITY-ST-ZIP WOODCLIFF LAKE NJ

TITLE SD ☐ DELETE
NAME FAND, MELVIN
STREET ADDRESS 825 ALBE MURLE STREET
CITY-ST-ZIP WYCKOFF NJ

TITLE TD ☐ DELETE
NAME FAND, DAVID
STREET ADDRESS 6860 TOWN HARBOR BLVD 3219
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE PCD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 825 ALDEMARLE STREET
3.4 CITY-ST-ZIP WYCKOFF N.J. 07481

4.1 TITLE VTSD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 9095 RUTLEDGE AVENUE
4.4 CITY-ST-ZIP BOCA RATON FL. 33434

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

6.1 TITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ☒ *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/15/99

Date

Daytime Phone #

CR2E034 (11/98)