

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

FILED
May 18 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 # **F97000006233 (7)**

1. Corporation Name

FASHION SOLUTIONS USA INC.

Principal Place of Business

**12188 NW 9TH DR.
CORAL SPRINGS FL 33071**

Mailing Address

**12188 NW 9TH DR.
CORAL SPRINGS FL 33071**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

04-3050047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2. Principal Place of Business

21 1724 NW 126th DR

Suite, Apt. #, etc.

2a. Mailing Address

26 1724 NW 126th DR.

Suite, Apt. #, etc.

City & State

23 Coral Springs, FL

Zip

24 33071

Country

25 USA

City & State

28 Coral Springs, FL

Zip

29 33071

Country

30 USA

9. Name and Address of Current Registered Agent

**CARLIN, IRA
12188 NW 9TH DR.
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

IRA CARLIN

82 Street Address (P.O. Box Number is Not Acceptable)

1724 NW 126th DR.

83

84 City

Coral Springs

FL

85 Zip Code

33071

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

IRA CARLIN

Signature of registered agent or person authorized to register agent and file of applicable

(N/A: Registered Agent signature required when reinstating)

4/24/98

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

**PST
CARLIN, IRA
12188 NW 9TH DR.
CORAL SPRINGS FL 33071**

TITLE

☐ DELETE

**DC
CARLIN, IRA
12188 NW 9TH DR.
CORAL SPRINGS FL 33071**

TITLE

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

SAME

1.3 STREET ADDRESS

1724 NW 126th DR.

1.4 CITY-ST-ZIP

CORAL SPRINGS, FL 33071

2.1 TITLE

SAME

☒ Change

☐ Addition

2.2 NAME

SAME

2.3 STREET ADDRESS

1724 NW 126th DR

2.4 CITY-ST-ZIP

CORAL SPRINGS, FL 33071

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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.

SIGNATURE **IRA CARLIN** **4/24/98**

CR2E034 (10/97)