

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90223 003 ***150.00

DOCUMENT # F97000006233

1. Corporation Name
FASHION SOLUTIONS USA INC.

Principal Place of Business
1724 NW 126TH DR
CORAL SPRINGS FL 33071
US

Mailing Address
1724 NW 126TH DR
CORAL SPRINGS FL 33071
US

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
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
3202 NW 120TH Ave.

2a. Mailing Address
3202 NW 120TH Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State
Coral Springs, FL

27. City & State
Coral Springs, FL

24. Zip 33065 Country USA

29. Zip 33065 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLIN, IRA
1724 NW 126TH DR
CORAL SPRINGS FL 33071

81 Name IRA CARLIN
82 Street Address (P.O. Box Number is Not Acceptable)
3202 NW 120TH Ave.
83
84 City Coral Springs FL 85 Zip Code 33065

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 PST ☐ DELETE

NAME CARLIN, IRA
STREET ADDRESS 1724 NW 126TH DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE DC ☐ DELETE

NAME CARLIN, IRA
STREET ADDRESS 1724 NW 126TH DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PST ☒ Change ☐ Addition

1.2 NAME IRA CARLIN
1.3 STREET ADDRESS 3202 NW 120TH Ave
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE DC ☒ Change ☐ Addition

2.2 NAME IRA CARLIN
2.3 STREET ADDRESS 3202 NW 120TH Ave.
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 954
345-4470
Date Daytime Phone #

CR2E034 (11/98)