

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G68406 (9)

1. Corporation Name
K.S. FASHIONS, INC.

Principal Place of Business
2203 NW 30TH PLACE
POMPANO BEACH FL 33069-1028

Mailing Address
2203 NW 30TH PLACE
POMPANO BEACH FL 33069-1028

FILED

98 JAN 30 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/31/1983

3a. Date of Last Report

02/23/1996

4. FEI Number

59-2377641

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

CAAMANO, MANUEL
2203 NW 30TH PLACE
POMPANO BEACH FL 33069

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

Manuel A. Caamano

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required with reinstating)

12/24/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
CAAMANO, MANUEL
STREET ADDRESS 2203 NW 30TH PLACE
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME S
LEVINE, YOLANDA
STREET ADDRESS 2203 NW 30 PLACE
CITY-ST-ZIP POMPANO BCH. FL

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 ☐ Change ☐ Addition

1.2 NAME 300002422573-9
1.3 STREET ADDRESS -02/05/98-01071-001
1.4 CITY-ST-ZIP *****350.00 *****350.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 300002422573-9
2.3 STREET ADDRESS -02/05/98-01071-002
2.4 CITY-ST-ZIP *****550.00 *****550.00

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 do 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 recorder 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 unchanged, or in an attachment with an address.

REINSTATEMENT

97-98

SC 2-4-98

12/22/97 954 972-5006

CR2E034 (9/96)