

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **H18932** (4)
 1. Corporation Name
RAQUEL'S FASHION SHOES, INC.



Principal Place of Business: **24 NE FIRST AVE HALLANDALE FL 33009 US**
 Mailing Address: **P. O. BOX 1204 HALLANDALE FL 33008 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1984**

4. FEI Number: **59-2456515** 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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
KOZLOWSKI, HARRY
19390 COLLINS AVENUE, #1208
N. MIAMI BCH. FL 33160

10. Name and Address of New Registered Agent
 81 Name: **HARRY KOZLOWSKI**
 82 Street Address (P.O. Box Number is Not Acceptable): **3810 WASHINGTON ST #1208**
 83
 84 City: **HOLLYWOOD** FL 85 Zip Code: **33021**

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]* DATE: **1/20/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOZLOWSKI, HARRY	
STREET ADDRESS	19390 COLLINS AVE #1208	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	KOZLOWSKI, RACHEL S.	
STREET ADDRESS	19390 COLLINS AVE #1208	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOZLOWSKI, HARRY	
1.3 STREET ADDRESS	3810 WASHINGTON ST #1208	
1.4 CITY-ST-ZIP	HOLLYWOOD - FL - 33021	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOZLOWSKI, RACHEL S.	
2.3 STREET ADDRESS	3810 WASHINGTON ST #1208	
2.4 CITY-ST-ZIP	HOLLYWOOD - FL - 33021	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, upon an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/20/98**

CR2E034 (10/97)