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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # **H45187** 

1. Corporation Name

| A NOSE              | FOR CLOTHES, INC.   |                                  |           |               |                     |  |                             |                      |
|---------------------|---|----------------------------------|-----------|---------------|---------------------|--|-----------------------------|----------------------|
| Principal Place     | e of Business   | Mailing Address                  |           |               |                     | I (BBIOTE Will gloor array 11901 (911) reet erent erent  | 81811 A1911 B10             |                      |
| 13100 S.W. 128      | TH STREET   | 13100 S.W. 128TH STREET          |           |               |                     |  |                             |                      |
| MIAMI FL 33186      |   | MIAMI FL 33186                   |           |               |                     |  |                             |                      |
|                     |   |                                  |           |               |                     | DO NOT WRITE IN THIS SE  | ACE                         |                      |
|                     |   |                                  |           |               |                     | <ol> <li>Date Incorporated or Qualifed</li> <li>02/26/1985</li> </ol>  | <u> </u>                    |                      |
| 2. Principal Pi     | ace of Business   | 2a. Mailing Address              |           |               |                     | 4. FEI Number  |                             | lied For             |
| 21                  |   | 26                               |           |               |                     | ~ 59-1620099   |                             | Applicable           |
| Suite, Apt.         | #, etc.   | Suite, Apt. #, etc.              |           |               |                     | 5. Certificate of Status Desired   | <b>\$8.75</b> Ad<br>Fee Req |                      |
| City & State        | e   | City & State                     |           |               |                     | 6. Election Campaign Financing   | ~\$5:00:N                   | ∕lāv Be              |
| 23                  |   | 28                               |           |               |                     | Trust Fund Contribution  | Added to                    | Fees                 |
| Zip                 | Country   |                                  |           | ntry          |                     | This corporation owes the current year Intangible  |                             |                      |
| 24                  | 25  | 29                               | 30        |               |                     |  |                             | □No                  |
|                     | 9 Name and Address of Curre   |                                  | _         | Γ             |                     | 10. Name and Address of New Registered Ag  | ent                         |                      |
|                     |   |                                  |           | 81            | Name                |  |                             |                      |
| FALOWITZ, JOSEPH.   |   |                                  |           | 82            |                     | ress (P.O. Box Number is Not Acceptable)   |                             |                      |
| 13100 S.W. 128TH ST |   |                                  |           | 62 Sireel Add |                     | ress (P.O. Box Number is Not Acceptable)   |                             |                      |
| MIAMI FL 33186      |   |                                  |           | 83            |                     |  |                             |                      |
|                     |   |                                  |           |               |                     |  | · · · · · ·                 |                      |
|                     |   |                                  |           | 84            | City                | FL.  | 85 Zip Ci                   | ode                  |
| office or n         | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | e of Florida. Such change was au | inorized  | ı by t        | -named corporati    | poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointment | anging its r                | egistered<br>istered |
| SIGNATURE           |   |                                  |           |               |                     |  |                             |                      |
|                     | Signature, typed or printed name of registered age  |                                  |           | Agent         | t signature require | ed when reinstating) DATE  |                             | 20.0140              |
| 12.                 |   | ND DIRECTORS                     | 13.       |               |                     | ADDITIONS/CHANGES TO OFFICERS AND  | Change                      | Addition             |
| TITLE               | D   | ☐ DELETE                         | 1.1 ΤΙ    |               |                     | L  | 0.1.0.1.90                  |                      |
| NAME                | GREENBAUM, MICHAEL  |                                  | 1.2 N     | -             |                     |  |                             |                      |
| STREET ADDRESS      | 13100 S.W. 128TH ST   |                                  | 1.3 \$1   | TREET         | ADDRESS             | •  |                             |                      |
| CITY-ST-ZIP         | MIAMI FL  |                                  | _         | TY-ST         | -ZIP                |  |                             | - Addition           |
| TITLE               | DT  | ☐ DELETE                         | 2.1 TITLE |               |                     | L  | Change                      | ☐ Addition           |
| NAME                | FALOWITZ, JOSEPH  |                                  | 2.2 N     | AME           |                     | •  |                             |                      |
| STREET ADDRESS      | 13100 S.W. 128TH ST   |                                  | 2.3 S     |               | ADDRESS             |  |                             |                      |
| CITY-ST-ZIP         | MIAMI FL  |                                  | 2. 4 CIT  |               | T-ZIP               |  |                             |                      |
| TITLE               |   | ☐ DELETE                         | 31 TT     | TLE           |                     | ] جادي المريد بالمهوا ال   | Change                      | _ Addition           |
| NAME                |   |                                  | 3.2 NAME  |               |                     |  |                             |                      |
| STREET ADDRESS      |   |                                  | 3.3 S1    | TREET         | ADDRESS             |  |                             |                      |
| CITY-ST-ZIP         |   |                                  | 3.4. C    | ITY-SI        | T-ZIP               |  |                             |                      |
| TITLE               |   | ☐ DELETE                         | 4.1 TE    | TLE           |                     |  | Change                      | ☐ Addition           |
| NAME                |   |                                  | 4. 2 N    | IAME          |                     |  |                             |                      |

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 the attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

☐ Change

Addition

☐ Addition