

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J24353

(1)

1. Corporation Name

CHELSEA FASHION SERVICES, INC.

Principal Place of Business

**799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131
US**

Mailing Address

**C/O 799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131
US**

**APPROVED
AND
FILED**

MAY -1 AM 4:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1986		3a. Date of Last Report 05/01/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2720151		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Country		28. Country		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(1) 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

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

14. SIGNATURE

NAME	PD LEWIS, GODFREY
STREET ADDRESS	3321 NE 59 ST
CITY, STATE, ZIP	FORT LAUDERDALE FL
NAME	TDS LEWIS, PRISCILLA
STREET ADDRESS	3321 NE 59 ST
CITY, STATE, ZIP	FT. LAUDERDALE FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
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NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

NAME		Change	Addition
STREET ADDRESS			
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CITY, STATE, ZIP			
NAME		Change	Addition
STREET ADDRESS			
CITY, STATE, ZIP			

**PLEASE SIGN
& DATE**

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GODFREY LEWIS, President

3/29/95