

Registrant's Name Address City/State/Zip      Phone #	<div style="font-size: 48pt; font-family: cursive;">J27682</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Office Use Only</div>
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |   | <input type="checkbox"/> Certificate of Status |

**FILED**  
 99 MAY -5 AM 11:03  
 SECRETARY OF STATE  
 ALACHUA, FLORIDA

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

100002851921--2  
 -04/26/99--01120--007  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

CM  
 J27682  
 RA CM  
 5-5-99  
 388

Examiner's Initials	
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: PORTOFINO MEN'S FASHIONS, INC.

2. The mailing address of the corporation is: 5250 TOWN CENTER CIRCLE  
BOCA RATON, FL 33486

3. Date of incorporation/qualification: 8/8/86 Document number: 127682

4. The name and address of the current registered agent and office:

DENISE L. PAPROTTA

5. The name and address of the new registered agent and office: (P.O. Box Not Accepted)

AHMED IBRAHIM

2501 S. OCEAN BLVD.

BOCA RATON FL 33432

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] Per 4/22/99  
(Signature of an officer, chairman or vice chairman of the board) (Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

X [Signature] 4/22/99  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)