FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 14 AM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/15/95--01092--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
VOGUE STICHING CORPORATION

DOCUMENT #
J45625 (7)

Mailing Address	Principal Place of Business
5101 NW 36TH AVENUE MIAMI FL 33142	5101 NW 36TH AVENUE MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

3. Date Incorporated or Qualified: 12/05/1986
3a. Date of Last Report: 04/30/1993
4. FEI Number: 59-2742569 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KALISH, LEONARD J.
TWO DATRAN CENTER SUITE #1225
9130 SOUTH DADELAND BLVD
MIAMI FL 33156-4489

10. Name and Address of New Registered Agent

81 Name: BILU, SHMUEL
82 Street Address (P.O. Box Number is Not Acceptable): 5101 NW 36th Avenue
83
84 City: MIAMI FL 85 Zip Code: 33142

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Shmuel Bilu (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE 3/6/95

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	D/P
1.2 NAME	KALISH, LEONARD J.	1.2 NAME	BILU, YEHUDA
1.3 STREET ADDRESS	9130 S. DADELAND BLVD	1.3 STREET ADDRESS	5101 NW 36th Avenue
1.4 CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33142
2.1 TITLE	D/P	2.1 TITLE	D/S
2.2 NAME	SCHWARTZ, BENNIE	2.2 NAME	BILU, SHMUEL
2.3 STREET ADDRESS	5101 NW 36 AVENUE	2.3 STREET ADDRESS	5101 NW 36th Avenue
2.4 CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33142
3.1 TITLE	D/V	3.1 TITLE	D/V
3.2 NAME	SCHWARTZ, RHODA	3.2 NAME	LEBEDIN, SIMON
3.3 STREET ADDRESS	5101 SW 36 AVENUE	3.3 STREET ADDRESS	5101 NW 36th Avenue
3.4 CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33142
4.1 TITLE	D/S	4.1 TITLE	D/V
4.2 NAME	SCHWARTZ, STEVEN	4.2 NAME	SCHWARTZ, IRA
4.3 STREET ADDRESS	5101 NW 36 AVENUE	4.3 STREET ADDRESS	5101 NW 36th Avenue
4.4 CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33142
5.1 TITLE	D/T	5.1 TITLE	D/V
5.2 NAME	SCHWARTZ, IRA	5.2 NAME	SCHWARTZ, STEVEN
5.3 STREET ADDRESS	5101 NW 36 AVENUE	5.3 STREET ADDRESS	5101 NW 36th Avenue
5.4 CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33142
6.1 TITLE		6.1 TITLE	D/V
6.2 NAME	DB	6.2 NAME	SCHWARTZ, BENNIE
6.3 STREET ADDRESS	3-14	6.3 STREET ADDRESS	5101 NW 36th Avenue
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33142

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shmuel Bilu - SHMUEL BILU 3/6/95 (305)-634-2557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #