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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J45625

(7)

VOGUE STICHING CORPORATION

Principal Place of Business Mailing Address

FILED Apr 18 1997 8:00am Secretary of State



SIOI NW 36TH AVENUE MIAMI FL 33142						S101 NW 36TH AVENUE MIAMI FL 33142-3226															
												3, Date Incorporated or Qualified 12/05/1986			3a. Da	3a. Date of Last Report 07/16/1996					
2. Principal Place of Business						2a. Mailing Address						4. FEI Num				<u> </u>	$\neg \top$		plied For]	
21 Sille And House						26						59-2742569						Not Applicable \$8.75 Additional			
22		Sulte, Apt. #, etc.					Suite, Apt. #, etc.						6. Certifica	te of Statu	s Desire	d				Additional quired	
23	City & State					City & State						6. Election Trust Fu	Campaigr		ing				May Be o Fees		
24	Zip	Country 25				Zip Cou 29 30			untry			8. This corporation has liability for intangible tax under s. 199,032 Florida Statutes						199.032,			
9. Name and Address of Current												10. Name and Address of New Registered Agent									
BILU, SHMUEL										81	Name										
5101 N.W. 36TH AVE. Miami FL 33142										82	Street	Addres	Address (P.O. Box Number is Not Acceptable)								
										83											
		, Y.A. • A		-						84	City						FL	85	Zip (Code	1
11	. Pursuant	to the provis	sions (of Sections 607	.0502 ar	nd 607.1	1508, Florida	Statutes	, the at	L pove	-nameo	corpoi	ration submits	this state	ment for	the pu		chang	ging its	s registered	1
	office or re agent. I a	egistered ag m familiar w	gent, d ìth, ar	of Sections 607 or both, in the S nd accept the o	state of f Ibligation	Torida. I	Such change ection 607.05	o was aul 505, Flori	thorized da Stati	d by utes.	the cor	poratio	on's board of o	directors. I	hereby	accept	the app	ointme	nt as	registered	
SI	GNATURE	·																			
Signature, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS								{NOTE: F	Registered Agent signature re-			required		VS/CHANC	SEC TO	OFFIC	DATE	NOC	07/OD	C IN 10	1~
TIT		DP		OFFICERS	AND D	INCOLO	DELE	1F	1.1 117	n E		1	ADDITIO	15/CHAINC	3ES 10	Urric	EHS AIVL	Ch		Addition	96/6
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	Y-ST-ZIP	MIAMI FL							1.4 CIT												
TIT		DS					DELE	16	2.1 TIT									Ch	ange	Addition	5
NAI	ME .	BILU, SHMUEL				2			22 NA	22 NAME											
STE	REET ADDRESS					2.0			2.3 ST	2.3 STREET ADDRESS											
CIT	Y-ST-ZIP	.gip MIAMI FL 33142							2.4 CI	2.4 CITY - ST - ZIP]
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NAI	ME								3.2 NA	ME											
STREET ADDRESS 5101 NW 36TH AVENUE MIAMI FL 33142								1	3.3 STREET ADDRESS											1	
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NA		SCHWAR	RTZ, S	STEVEN			-		5.2 NA										-		
İ	REET ADDRESS	5101 NW							1		ADDRESS]									
	Y-ST-ZIP	MIAMI FL	. 331	42					5.4 CIT												
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CIT	Y-ST-ZIP	MIAMI FL	331	42					6.4 CH	Y-ST	- ZIP	L							<u>. </u>		Į

14. I do hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusteper on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chipges, or on an attachment with an appliess.

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