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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1077

121

1. Corporation Name: FASHION PATTERN, INC. Principal Place of Business Mailing Address Mayles FL Maples FL Maples FL										
							3. Date Incorporated or Qualified 10/15/1987		ate of Last 20/1996	Report
R. Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number 65-0036750		1/	Applied For Not Applicable		
					5. Certificate of Status Desired \$8.75 Additional Fee Required					
2								Required		
City & State			City & State			6. Election Campaign Financing	_		May Be	
Zip		Country	28 Zip		Cor	ıntry	Trust Fund Contribution	ar interesible		to Fees
4	25	,	29		30	,	This corporation has liability for Florida Statutes		No No	8. 199.032,
		Address of Curre	ent Registered	l Agent			10. Name and Address of New I	Registered	Agent	
	AULAY, ROBE					81 Name				
		JIS, MACAULAY				82 Street Add	dress (P.O. Box Number is Not Accept	table)		
1402 MIAMI CTR 201 S BISC BLVD MIAMI FL 33130						B3			······································	
MIAN	MI FL 33 130									
						84 City		FI	85 Zıç	o Code
				· · · · · · · · · · · · · · · · · · ·		1 1 1				
	to the provisions registered agent am familiar with, a	s of Sections 607 05 , or both, in the Sta and accept the obli	502 and 607.15 ite of Florida Si igations of, Sec	508, Florida Statu uch change was stion 607.0505, F	utes, the a authorize lorida Sta	1 1 1	rporation submits this statement for the ation's board of directors. I hereby acc		of changing pointment a	its registered is registered
SIGNATURE		rited name of registered a	agent and title Tapp'i	icable. (NC	NE Registere	bove-named co d by the corpora tutes.	julred when reinstating)	e purpose o cept the ap		
SIGNATURE	Stgr ature, typed or pr	rited name of registered a		icable. (NC	NE Registere	bove-named co d by the corpora tutes.		e purpose o cept the ap	D DIRECTO	DRS IN 12
SIGNATURE 12. TILLE	Signature, typed or pr	ortec name of registered a OFFICERS A	agent and title Tapp'i	icable. (NC	77É Registere 13.	bove-named co d by the corpor- tutes.	julred when reinstating)	e purpose o cept the ap		DRS IN 12
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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 if changed, or only attachment with an address. RD LATTERLOH 01-16-97 **SIGNATURE:**

FILED

Feb 03 1997 8:00am

Secretary of State