

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

APPROVED AND FILED

MAY - 1 AM 10:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
1995 FLORIDA CORPORATIONS

DOCUMENT # K78419 (4)

INTERNATIONAL FASHIONS, INC.

Principal Place of Business: 520 NW 99TH PLACE MIAMI FL 33172
Mailing Address: 520 NW 99TH PLACE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1989 **3a. Date of Last Report: 05/01/1994**

21. Filing Jurisdiction: 26. Mailing Address: 4. FEI Number: 65-0112301 **Applied For: Not Applicable**

22. State Apt # etc: 27. State Apt # etc: 5. Certificate of Status Cleared: \$8.75 Additional Fee Required

23. City & State: 28. City & State: 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 25. County: 29. Zip: 30. County: 8. This corporation has liability for intangible tax under § 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AGUIRRE, HENA M.
520 NW 99TH PLACE
MIAMI FL 33172**

B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3: B4 City: FL B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 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 607.0504, Florida Statutes.

SIGNATURE:

(Signature of Agent must be filed with report and the fee.)

(Signature of Agent is not required when reporting.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94

OFFICER	P
NAME	VARGAS, HENA M.
STREET ADDRESS	520 NW 99TH PL
CITY, ST, ZIP	MIAMI FL
OFFICER	V
NAME	MACHADO, NORA I.
STREET ADDRESS	545 NW 100 CT
CITY, ST, ZIP	MIAMI FL
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 190.032, Florida Statutes. I further certify that the information included 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 in a notary office. That I am an officer or director of this corporation or the person or person empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13, together or on an attachment with an address.

SIGNATURE: HENA M. VARGAS HENA M VARGAS 5/1/94 (301) 557 0117
SIGNATURE AND TYPED ON PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR