

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90008 035 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K78419
1. Corporation Name
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

2. Principal Place of Business 21 1208 ALGERIA AVE		2a. Mailing Address 26 1208 ALGERIA AVE		3. Date Incorporated or Qualified 04/07/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0112301	
City & State 23 CORAL GABLES, FL		City & State 28 CORAL GABLES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33134		Zip 29 33134		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AGUIRRE, HENA M. 520 NW 99TH PLACE MIAMI FL 33172				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 1208 ALGERIA AVENUE	
				83	
				84 City CORAL GABLES	
				85 Zip Code FL 33134	

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, HENA M.	1.2 NAME	
STREET ADDRESS	520 NW 99TH PL	1.3 STREET ADDRESS	1208 ALGERIA AVENUE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, NORA I.	2.2 NAME	
STREET ADDRESS	545 NW 100 CT	2.3 STREET ADDRESS	6231 SW 812 Place
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: **President** **7/20/99** **(305) 567-1296**

CR2E034 (5/99)

K78419
099623-90008-35

International Fashions, Inc.
1208 Algeria Avenue
Coral Gables, FL 33134

July 20, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: International Fashions, Inc.
65-0112301


Dear Sir or Madam:

I have recently received the Second notice for the filing of the 1999 Profit Corporation Annual Report. I was not able to file the return on time due to the following reasons:

1. The address of the corporation was changed and I did not receive the initial report at the new address.
2. I was out of the U.S. at the time the return was due and did not have any means of finding out that the return was due.
3. I have timely submitted all annual reports for the corporation since its inception in 1989.
4. This is a small corporation and the penalty would create a cash flow burden on it.

I am enclosing the annual fee for \$150.00 along with the return. I believe I have just cause for failing to file the original return on time. In light of this information, I respectfully request that the \$400.00 late filing penalty be waived.

Respectfully yours,


Heria M. Vargas
President