

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

3. Date Incorporated or Qualified
04/07/1989

4. FEI Number
65-0112301

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
21 1208 ALGERIA AVE

2a. Mailing Address
26 1208 ALGERIA AVE

Suite, Apt. #, etc. **22**

City & State
23 CORAL GABLES, FL

City & State
28 CORAL GABLES, FL

Zip **24 33134** Country **25**

Zip **29 33134** Country **30**

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1208 ALGERIA AVENUE

83

84 City **CORAL GABLES** **FL** 85 Zip Code **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
NAME	VARGAS, HENA M.	
STREET ADDRESS	520 NW 99TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MACHADO, NORA I.	
STREET ADDRESS	545 NW 100 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1208 ALGERIA AVENUE
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6231 SW #12 PLACE
2.4 CITY-ST-ZIP	MIAMI, FL 33173
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Hena M. Vargas* **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,


Heña M. Vargas
President