FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01909

(5)

FASHION EXPLOSION, INC.

	FILEI)
Jun 03	1997	8:00am
Secre	etary c	of State

Principal Place of Business		Ma	Mailing Address			T 100 101 00190 1010 1011 00110 1011 01571 01014 01014 01011 01011 01011 1001				
540 NW 28TH ST Miami FL 33127 US		% 340	% JAD & COMPANY, PA 3400 CORAL WAY, 8TH FLR MIAMI FL 33145-3053							
US							3. Date Incorporated or Qualified 07/13/1989 3a. Date of Last Report 08/13/1996			
	Place of Business	—	Mailing Address				4. FEI Number	•		Applied For
Suite, Apt.	# 010	26	Suite, Apt. #, etc.				65-0151951			Not Applicabl
22 Suite, Apr.	. #, C (C,	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	te	1-1-	City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
^{Zip}	Country	<u></u>	Zip		ountry	′	8. This corporation has liability for in			s. 199.032,
24	9, Name and Address of Curre	29		30					J No	
- NA	Z, JORGE ANDRES	nt Regist	ered Agent		81	Name	10. Name and Address of New Reg	istered A	gent	
	0 CORAL WAY				L	TAGITIC				
	TE 601		,		82	Street Add	dress (P.O. Box Number is Not Acceptab	e)		
	MI FL 33145				83					
					84	City			85 Zir	Code
44 29								FL		
agent i a	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florid gations of,	la. Such change war Section 607.0505,	s authoriz Florida St	ed by atutes	the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	t the appo	intment a	s registered
SIGNATURE	Signature, lyped or printed name of registered ag	ent and title i	fapplicable (N	OTt Registe	red Ago	int signature requ	ured when reinstating)	DATE		
12.	OFFICERS AN	ID DIREC		13			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PD NEWSCO DAVI D		DELETE	1.1	TITLE				Change	Additio
NAME	MENDEZ, RAUL D. 42 SOUTHWEST 31ST ROAD		٠	1.2	NAME					
STREET ADDRESS	MIAMI FL					ADDRESS				
CITY-ST-ZIP TITLE	CD		DELETE		CITY-S	T - 7IP			10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME	MENDEZ, RAUL				TITLE Name	ŀ		i	Change	∐ Additio
STREET ADDRESS	1865 BRICKELL AVENUE #20	13				ADDRESS				
CITY-ST-ZIP	MIAMI FL				OTY-S					
TITLE	10		☐ DELETE		TITLE	Z1 &11		1	Change	☐ Additio
NAME	MENDEZ, MELBIS			3.2	NAME			_	,	
STREET ADDRESS	1865 BRICKELL AVENUE #20	113		3.3	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			3.4.	CITY-S	5T- 2 1P				
TITLE	SD NAT IODOE ANDOEO		☐ DETE1E	4.1	TOLE			1	Change	Additio
NAME	DIAZ, JORGE ANDRES			4.2	NAME					
STREET ADDRESS	3400 CORAL WAY, STE 601			4.3	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL VD	····	D bti etc		CITY - S	T - ZIP			٦.,	
TITLE	MENDEZ, ALEJANDRO F.		☐ DELETE		TITLE			Ţ	Change	☐ Additio
NAME	3601 SW 58 CT				NAME					
STREET ADDRESS	MIAMI FL					ADDRESS				
CITY-ST-ZIP TITLE	MENTH FL		DELETE		CITY-S	T- ZIP		-	Chance	- Addie-
			☐ DELETE		TITLE			į	Change	☐ Additio
NAME CTREET ADDRESS	1				NAME	4000000				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	by certify that the information supplies	اطد طواسا اص	a filman alama mad ann		CITY-S		od in Cooking 110 07/3)(i). Florido Statutos	7.5 11	192 - 1	

1. I do 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 offect 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.