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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L13658

(4)

EMBASSY FASHION, INC.

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 200 RIALTO PLACE 200 RIALTO PLACE MELBOURNE FL 32901 MELBOURNE FL 32901 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/06/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0845517 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes 24 25 30 Personal Property Tax due June 30. ∏ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DEVNANI, VASHI 200 RIALTO PLACE Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 83 84 City 85 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 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent aignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ☐ Addition DEVNANI, VASHI NAME 1.2 NAME 1638 HAWKSBILL ST. N.W. 1.3 STREET ADDRESS STREET ADDRESS MMELBOURNE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the internation 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 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 charges or on an attachment with an address.

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SIGNATURE:

3/12/98