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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L42183

(8)

WORTH AVENUE FASHIONS INC.

FILED
May 04 1998 8:00am
Secretary of State



Principal Place of Business		Maining Address	Mailing Address					
7211 NW 44TH STREET		7211 NW 44TH STREET						
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE		
					<u> </u>	3. Date Incorporated or Qualified	## ### OF ###	· · · · · ·
					"	01/09/1990		
Principal Pi	lace of Business	2a. Mailing Address			<u>_</u>	4. FEI Number		Applied For
21	aco or bosiness	26				65-0166172	-	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8	75 Additional
22		27	1			5. Certificate of Status Desired	1 1 7 7 7	ee Required
City & State		- 	City & State			8. Election Campaign Financing		.00 May Be
23		28	n [']			Trust Fund Contribution		ided to Fees
Zip			Count	Country		3. This corporation owes or has pai		
24	25	29	30	•	"	Personal Property Tax due June	A	□ No
1=41	g. Name and Address of Curren		1.5.51.		10	o. Name and Address of New Reg		
7	ADEGAN, SHAHAB ESMAIL		8	1 Na	ame			
	211 N.W. 44TH STREET			<u> </u>		/DO Day N. sahan is Not Assemble	1->	
	ORAL SPRINGS FL 33065		8	2 Str	eet Address ((P.O. Box Number is Not Acceptab	16/	
ľ	ALER OLIMINO LE DOVOS		8	3			-	
į			_		1			
			8	4 Cit	ly		FL 85	Zip Code
44 Durament	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statu	ites the abo	We-par	med corporati	ion submite this statement for the n		ing its registered
office or re	egistered agent, or both, in the State.	of Florida. Such change was	authorized I	by the	corporation's	board of directors. I hereby accep	it the appointme	nt as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statut	es.				
SIGNATURE	Signature, typed or printed harne of registered ager	hand his day lastle (MC	TE Desistant 6		nature required whe	on reinglature)	DATE	
12.	OFFICERS AND		13.	Beur Pidi	inta o required wife	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	P	DELETE	1.1 101.0	:	1	ADDITIONAL OF THE CONTROL OF THE	☐ Ch	
NAME	ZADEGAN, SHAHAB ESMAII	_	1.2 NAM					· <u> </u>
STREET ADDRESS	7211 N.W. 44TH STREET	•		et adore	1500			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY		* *			
TITLE	COTTLE OF THITCO TE GOODS	DELETE	2.1 10TLE	•			L] Ch	ange Addition
NAME		<u></u> 522214	2.2 NAM					
					see.			
STREET ADDRESS				ET ADDR				
CITY-ST-ZIP TITLE		☐ DELET É	3.1 TITLE	(-ST-Z∤P :	'		☐ Ch	ance Addition
							V	ange
NAME			3.2 NAM	_	1500			
STREET ADDRESS				ET ADDR				
CITY-\$T-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE	(- ST - ZIP	<u>'</u>		☐ Ch	ange Addition
TITLE								ango [_] Nacilion
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRE				
CITY-ST-ZIP		DELETE	4.4 CITY		-			ones Addition
TITLE		□ DELETE	5.1 TITLE				∐ Ch	ange L. Addition
NAME			52 NAM					
STREET ADDRESS			5.3 STRE	ET ADORE	ESS			
CITY-ST-ZIP		T-1	5.4 CITY					
TITLE		☐ DELE TE	61 TITLE				☐ Ch	ange 🔲 Addition
NAME			6.2 NAM	€				
STREET ADDRESS			63 STRE	E1 ADDRE	ESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

. Thereby 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 trustees, 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.

. . . 11