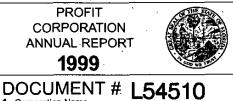
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

FASHION TRAVEL, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90117 036 \*\*\*150.00

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Principal Plac	Mailing Address							
2049 N. UNIVE			12924 NW 20TH ST					
C/O ITAGIBA M. DE SOUZA PEMBROKE PINES FL 33028 SUNRISE FL 33322 US						DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed		
						03/02/1990		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied	For	
21 26						65-0176815 Not App	olicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additi	onal	
22		27	27			5. Certifcate of Status Desired Fee Require	ed	
City & Stat	te .	City & State	City & State			6. Election Campaign Financing \$5.00 May	Be	
23						Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	try		8. This corporation owes the current year Intangible	ł	
24 25		29 30				Personal Property Tax.	0	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
en.	JZA, ITAGIBA M. DE		۱	31 Nam	a			
12924 NW 20TH ST			Ε	Stree	t Addre	dress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33028			-					
) LIV	IDNONE I INEO I E GOOZO			13				
			8	34 City		85 Zip Code		
			<u>_</u>			FL % 24 Sec		
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, of Florida. Such change was auth	tne abo orized b	ove-name by the col	o corpo poratio	pration submits this statement for the purpose of changing its regis in's board of directors. I hereby accept the appointment as register	red	
agent. I a	m familiar with, and accept the obliga		Statut	es.	·	in's board of directors. I hereby accept the appointment as register		
SIGNATURE	Deel Lot	Con ITAGIBA			Lou			
Signature, typed or printed nume of registered agent and title if applicable. (NOTE: Regis				gent signatur	3 requireo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12	
TITLE	D ·	DELETE	13.	F	$\top$		Addition	
NAME	SOUZA, ITAGIBA M. DE		1.2 NAM					
STREET ADDRESS	10580 LONDON ST.			- EET ADORES	اء			
CITY-ST-ZIP	COOPER CITY FL			-ST-ZIP	<u> </u>		l	
TITLE	D	☐ DELETE	2.1 TITL		+	Change	] Addition	
NAME	SOUZA, ADA DE	_	2.2 NAM					
STREET ADDRESS	10580 LONDON ST.		-	EET ADDRES	s			
CITY-ST-ZIP	COOPER CITY FL.			r-ST-ZIP				
TITLE		□-DELETE-	3.1 7171		+	☐ Change	Addition	
NAME	· ·		3.2 NAM	E		•		
STREET ADDRESS			3.3 STRI	EET ADDRES	s			
CITY-ST-ZIP			3.4, CITY	/-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		1	☐ Change	Addition	
NAME			4.2 NA	ME.	-	•		
STREET ADDRESS	ESS 4.3		4.3 STR	4.3 STREET ADDRESS				
CITY-ST-ZIP	····		4.4 CITY	4 CITY-ST-ZIP				
TITLE		☐ DÉLETE	5.1 TITL		$\top$	Change _	Addition	
NAME			5.2 NAM	E	ĺ	•		

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition