
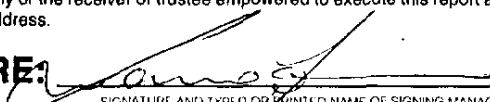


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 22 PM 1:04 x 4/23	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000375		1a. Principal Place of Business Address	
ITALIAN FASHION DESIGN COMPANY, L.C. 6330 N.W. 38TH DRIVE HARBOUR ISLAND CORAL SPRINGS FL 33067				6330 N.W. 38TH DRIVE HARBOUR ISLAND CORAL SPRINGS FL 33067	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/02/1996	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				65-0670785	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				04/23/1997	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
CROSIO, ANNA M 6330 N.W. 38TH DRIVE HARBOUR ISLAND CORAL SPRINGS FL 33067				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				Zip Code	
				FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CROSIO, ANNA M	6330 N.W. 38TH DR. HARBOUR		CORAL SPRINGS FL	
MGR	CROSIO, IVANO	6330 N.W. 38TH DR. HARBOUR		CORAL SPRINGS FL	
200002502832--3 -04/28/98--01061--015 ****188.75 ****188.75					

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:



IVANO CROSIO - 04-20-98

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(954)
7523464