LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS					Drids File En		
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ILING	FEE Annual Report \$100.00	+ \$88.75] 59 (m) - 1	·3 Aiill:	49
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							intri
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19700001300							5/5
FASHION COMMAND GROUP, LC					1a. Principal Place of Business Address		
C/O MICHEL BENSAUSSAN 1440 PEEL ST.					C/O MICHEL BENSQUSSAN 1440 PEEL ST.		
MONTREAL, QUEBEC					MONTREAL, QUEBEC		
Principa	al Place of Business	2a. Mailir	ng Address		3. Date Organized or Qualifie	d 3a. State o	f Formation
uite, Apt.	151 Occan Drive	Suite, Apt			11/20/1997	FL	
5.	rike MS	Julie, Apr	616.		4. FEI Number 65-0	816183	Applied For
City & State				Ovéber	APPLIED FOR Not Applicable		
ip Tu	Country	Zip	Cou	intry	5. Date of Last Report		te of Status Desired
32	139 OSA			Chrada.	07/07/1998		onal Fee Required
	7. Name and Address of Curren		Agent	Name 8.	Name and Address of New Reg	istered Agent/	Office
CORPORATE ACCESS, INC. MOUNT VERNON SQUARE 1116-D THOMASVILLE ROAD TALLAHASSEE FL 32303					O Bay Number to New Assess		
					O. Box Number is Not Acceptable)		
twnm	HIROSEE FI 32303			Suite, Apt. #, ëtc.	-05/07/3901079010 ****188.75 ****188.7		
				City	Fi	Zip Code	
s register	nt to the provisions of Sections 608.416 ed office or registered agent, or both, in the red agent, and accept the obligations.	and 608.508, e State of Flori	Florida Statutes, the da. Such change was	above-named limited authorized by affirmat	liability company submits this strive vote of a majority of the memb	atement for the pers. I hereby acc	ourpose of changing ept the appointment
SIGNATUI	RE				DATE		
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature require) 10. Title Managing Members/Managers Business Stre				ness Street Address		ty, State and Zip	Code
	BENSOUSSAN, MICHEL		1440 PEEL STREET		MONT	MONTREAL, QUE, CANADA	
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HAME OF SIGNING MAYAGING MEMBER OF MANAGER

SIGNATURE: >

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