## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra R. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name M09799 (1) FREDERICK FASHIONS, INC. Principal Place of Business Mailing Address % MIGUEL M. GONZALEZ. ESO. 370 MINORCA AVE., STE. 5 CORAL GABLES FL 33134 % MIGUEL M. GONZALEZ, ESQ. 370 MINORCA AVE., STE. 5 DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 3. Date Incorporated or Qualified <u>01/09/1985</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2519481 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GONZALEZ, MIGUEL M. 370 MINORCA AVE STE 12 82 Street Address (P.O. Box Number is Not Acceptable) STE. 5 83 CORAL GABLES FL 33134 84 City Zip Code 85 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 Signature, typod or printed name of registered agent and title if applicable (NOTI: Registered Agent signature required when reinstating) DATE (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ■ Addition TITLE 13 TITLE Change MENENDEZ, GUILLERMO NAME 1.2 NAME CR2E034 370 MINORCA AVE., STE. 5 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition MENENDEZ GRANADOS, GUILLERMO NAME 2.2 NAME 370 MINORCA AVE., STE. 5 STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.1 TITUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 14. I hereby certify that the information supplied with this filing Indicated on this annual report of supplemental annual re-officer or director of the corporation or the receiper or trisk Block 12 or Block 13 if changed, or on an all a typion to the pod is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.

SIGNATURE:

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