

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 29 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26830 (2)
1. Corporation Name
THE FASHION GROUP FOUNDATION OF MIAMI, INC.

Principal Place of Business Mailing Address
C/O RONALD RUBIN CPA
9100 S. DADELAND BLVD. #901
MIAMI FL 33156
C/O RONALD RUBIN CPA
9100 S. DADELAND BLVD. STE 901
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/07/1988 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0061764 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 c/o Dr. Gayle Carson 26 c/o Marcia Schefts
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 2957 Flamingo Dr. 27 19228 NE 25 Av. #253
City & State City & State
23 Miami Beach, FL 28 Miami, FL
Zip Country Zip Country
24 33140 25 USA 29 33180 30 USA

9. Name and Address of Current Registered Agent

SCHEFTS, MARCIA
19228 N.E. 25TH AVE.
SUITE 253
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE S - D
NAME BARROW, SANDY
STREET ADDRESS 5890 S.W. 80TH ST.
CITY - ST - ZIP MIAMI FL
TITLE T - D
NAME THORPE, FRAN HUTCHINGS
STREET ADDRESS 3910 BATTERSEA RD.
CITY - ST - ZIP COCONUT GROVE FL
TITLE P - D
NAME SCHEFTS, MARCIA
STREET ADDRESS 19228 NE 25TH AVE., STE. 253
CITY - ST - ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA SCHEFTS 4/24/95 (305) 620-2700