


FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26830 (2)
1. Corporation Name
THE FASHION GROUP FOUNDATION OF MIAMI, INC.



Principal Place of Business C/O DR. GAYLE CARSON 2957 FLAMINGO DR MIAMI BEACH FL 33140	Mailing Address C/O MARCIA SCHEFTS 19228 NE 25 AVE #253 MIAMI FL 33180 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/07/1988
4. FEI Number 65-0061764
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 **DR. GAYLE CARSON**
82 Street Address (P.O. Box Number is Not Acceptable)
2957 FLAMINGO DR.
83 **MIAMI BEACH,**
84 City **FL** 85 Zip Code **33140**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gayle Carson* **GAYLE CARSON**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DEWITT, VALERIE
STREET ADDRESS	7170 W 116 TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	THORPE, FRAN HUTCHINGS
STREET ADDRESS	3910 BATTERSEA RD.
CITY - ST - ZIP	COCONUT GROVE FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SCHEFTS, MARCIA
STREET ADDRESS	19228 NE 25TH AVE., STE. 253
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHEFTS, MARCIA
1.3 STREET ADDRESS	19228 NE 25 AVE, #253
1.4 CITY - ST - ZIP	MIAMI, FL 33180
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARSON, DR. GAYLE
3.3 STREET ADDRESS	2957 FLAMINGO DR.
3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gayle Carson* **3/8/98** **305-418-1279**

CR2E037 (10/97)