

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P36539

(5)

1. Corporation Name

BRIDALANE FASHIONS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 2500 Hollywood Blvd.

Suite, Apt. #, etc.

22 Suite 212

City & State

23 Hollywood, Fl.

Zip

24 33020

Country

25 Broward

2a. Mailing Address

26 2500 Hollywood Blvd.

Suite, Apt. #, etc.

27 Suite 212

City & State

28 Hollywood, Fl.

Zip

29 33020

Country

30 Broward

3. Date Incorporated or Qualified

11/26/1991

3a. Date of Last Report

02/21/1996

4. FEI Number

65-0310603

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Ross H. Manella, ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

2500 Hollywood Blvd.

83

Suite 212

84 City

Hollywood,

FL

85 Zip Code
33020

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

ROSS H. MANELLA

4/27/1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME Bercovitch, Avie

STREET ADDRESS 333 Chabanel West #215

CITY, ST, ZIP Montreal Canada

TITLE VCV ☐ DELETE

NAME Zweig, Elaine

STREET ADDRESS 333 Chabanel West #215

CITY, ST, ZIP Montreal Canada

TITLE DS ☐ DELETE

NAME Zweig, Howard

STREET ADDRESS 333 Chabanel West #215

CITY, ST, ZIP Montreal Canada

TITLE DT ☐ DELETE

NAME Bercovitch, Lila

STREET ADDRESS 333 Chabanel West #215

CITY, ST, ZIP Montreal Canada

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

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

100002168921

-05/07/97--01008--044

***165.00

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Avie Bercovitch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVIE BERCOVITCH

4/25/97 954-9253355

Date Day/Mo/Yr

CR2E034 (9/96)