FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002381 (1)

1. Corporate Name
GRACE FASHIONS TRADING, INC.

Principal Place of Business: 1764 NW 20 STREET, MIAMI FL
Mailing Address: 1764 NW 20 STREET, MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0367237 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address
21 / 26 Suite, Apt. # etc.
22 / 27 City & State
23 / 28
24 Zip 25 Country / 29 Zip 30 Country

9. Name and Address of Current Registered Agent

KIM, MAHN I
15110 FALKIRK PLACE
MIAMI LAKES FL 33016

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 607.1501 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]* MAHN IL KIM 5/5/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIM, MAHN I
STREET ADDRESS	15110 FALKIRK PLACE
CITY-ST-ZIP	MIAMI LAKES FL 33015
TITLE	D
NAME	KIM, JIN Y
STREET ADDRESS	15110 FALKIRK PLACE
CITY-ST-ZIP	MIAMI LAKES FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(Change / Addition — blank)

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 119.07(1)(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: *[signature]* pres 5/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #: 305-545-5322

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