FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000015320 (3) **DOCUMENT #** Corporation Name P. C. FASHIONS INC. Principal Place of Business XWOOD BLVD. 4239 HOLLYWOOD BLVD. #206 OD FL 33021 3a. Date of Last Report 3. Date Incorporated or Qualified 04/14/1995 02/22/1993 Applied For 4. FEI Number 2. Principal Place of Business 11 /00 (1/RALD 4 26 100 GIRALDA AVE Not Applicable 65-0397555 \$8.75 Additional 5. Certificate of Status Desired Suite, Apt #, etc. Fee Required \$5.00 May Be 6. Election Campaign Financing 28 PORAL CIALLOS, Coral Gables, FL Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 82 PRATTS, JOSEPH L 3000 HOLIDAY DR. 83 #503 Zip Code FT. LAUDERDALE FL 33316 84 City 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. DATE SIGNATURE CR2E034 (12/95) Signature typed or protection in challed each quint author has all rable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Sec . DELETE 1 1 THUE TITLE 1.2 NAME PRATTS, JOSEPH L NAME 3000 HOLIDAY DR, #503 13 STREET ADDRESS STREET ADDRESS 14 CHY - ST - ZIP FT LAUDERDALE FL ☐ Addition Change CITY - \$1 - ZIP PRESIDENT DELETE 2 LITITLE TITLE 2.2 NAME OTHER, CHESTEL 23 STREET ADDRESS 3000 HOLIDAY DR, #503 STREET ADORESS 2 4 CITY - ST - ZIP FT LAUDERDALE FL Addition C-TY -ST-ZIP ☐1 Change DELFTE 3 F TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Addition CITY - ST-ZIP Change MELETE 4 1 THLF TIFLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Addition CITY-ST-ZP ☐ Change DELETE 6 1 THLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information into saled on this around report or suppliernests annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information into saled on this around report or suppliernests annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information into saled on this receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes and that my name appears in Block 12 or Brock 13 if around 1, or on an attachment with an address. certify that the information in oath; that I am an officer of c appears in Block 12 or Block

SIGNATURE: