

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

1995 AUG -1 AM 9:18

TALLAHASSEE, FLORIDA

**DOCUMENT # P93000027457 (9)**

1. Corporation Name  
**IRENE FASHIONS INC.**

Principal Place of Business      Mailing Address  
**18601 NE 10TH AVE  
SUITE 306  
NORTH MIAMI BEACH FL 33179**      **18601 NE 10TH AVE  
SUITE 306  
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/14/1993**      **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>13800 Luray Rd.</b>		26 <b>13800 Luray Rd.</b>		65-0404715		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23 <b>Ft. Lauderdale, FL</b>		28 <b>Ft. Lauderdale, FL</b>		Trust Fund Contribution		<input type="checkbox"/>	
Zip		Zip		Country		Country	
24 <b>33330</b>		29 <b>33330</b>		30		8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GRAY, NORMAN  
19501 NE 10TH AVE  
SUITE 306  
NORTH MIAMI BEACH FL 33179**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 their title) (circle)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, NORMAN</b>	1.2 NAME	
STREET ADDRESS	<b>19501 NE 10TH AVE SUITE 306</b>	1.3 STREET ADDRESS	<b>13800 Luray Road</b>
CITY ST ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	1.4 CITY ST ZIP	<b>Ft. Lauderdale, FL 33330</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 119.07(3)(a), 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:**

*Norman Gray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

(TITLE)

(DATE/TIME)

**Stephen E. Cohen, C.P.A.**  
1881 N.E. Miami Gardens Drive  
North Miami Beach, FL 33178  
(305) 931-3134 (FAX) 931-5548

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**CORPORATION ANNUAL REPORT**

**FILING INSTRUCTIONS**

**MAIL TO:** DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

**DUE DATE:** AUGUST 9, 1995

**PAYMENTS:** Balance Due: 225.00

**SIGNATURE:** *A. Offin*

**COPIES:** Attached is a copy of your return.