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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000042355

Corporation Name

EUROPEAN FASHIONS, INC.

Principal Place of Business

Mailing Address

2441 E OCEAN BOULEVARD STUART FL 34996 2441 E OCEAN BOULEVARD STUART FL 34996 .

## FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90022 048 \*\*\*150.00



510AH FE 34550						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							06/02/1993			
2. Principal P	lace of Business	2a. Mailing Address				T	4. FEI Number		Applied For	
21		26					65-0415696		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional	
22		27				_ [ ]	5. Certificate of Status Desired	Fee	Required	
City & Stat	ie	City & State					6. Election Campaign Financing	\$5.0	May Be	
23		28					Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Cou	intry		_	8. This corporation owes the current year Inta			
24	25	29	30				Personal Property Tax.	<b>I</b> VYes	□No	
	9. Name and Address of Current	Registered Agent				1	<ol><li>Name and Address of New Registered A</li></ol>	gent		
					81 Name					
SALERNO, FILADELFIO					82 Street Address (P.O. Box Number is Not Acceptable)					
2441/E OCEAN BOULEVARD				Street Address (F.O. Box Number is not Acce			The second of th	· · · · ·	.e <u>44.54.510</u> 45	
STU	•	83					j.j. (#1)	生活制制		
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				84	City		FI		p'Code	
4,112 m / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	With a positions of Carlings CO7 0500	and 607 1508' Florida State	ites the a	hove	-named con	morat	ion submits this statement for the purpose of c board of directors. I hereby accept the appoin	hanging	its registered	
11. Pursuant	registered agent, or both, in the State of	f Florida: Such change was	authorized	by t	he corporat	tion s	board of directors. I hereby accept the appoin	tment as	registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, FI	orida Stat	utes.	:		•			
SIGNATURE			E Decister	Agen.	eignature manife	rad sub-	en reinstating). DATE			
40	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	agusture requir	O WIE	ADDITIONS/CHANGES TO OFFICERS ANI	DIREC	TORS IN 12	
12.		DELETE	1.1 TI	ΠF	<del></del> .		THE STATE OF THE RESIDENCE OF THE RESIDE	Chang		
TITLE	SALERNO, FILADELFIO				ľ		4747 4 NO 18		_	
STREET ADDRESS 2441 E. OCEAN BOULEVARD				1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	STUART FL 34996	□ BELETE	_	TY-ST-	-ZIP			Chang	e	
TITLE		☐ DELETE	2.1 TI		.			C Chang	, Li Addition	
NAME			2.2 N							
STREET ADDRESS			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	manufacture and a second secon	AND THE PARTY OF T	2.40	ITY-ST	r-ZIP	. •				
TITLE	THE PROPERTY OF THE PARTY OF TH	DELETE	3,1 TI	TLE				Chang	ge	
NAME 3	MODEL STORY		3.2 N	AME	}					
STREET ADDRESS			3.3 S	TREET	ADDRESS		১ ১ ১ ১ <b>১ এই এই</b> ই চাইছে এ	4 - 3	ec, 551 366 366	
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			4.2 N	IAME						
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STREET ADDRESS	V 596	5.30 (2004)		TY-ST	-					
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NAME *					ADDRESS		V 7.			
STREET ADDRESS	b				i		35 SE 56			
CITY S ZIP				ITY-ST	-ZIP		ST 186 TV.	C C L	ge Addition	
TITLE	GALLERY STATE OF THE STATE	☐ DELETE	6.1 T		.			Chang	ie ("I vadaraor	
NAME	SAME OF HIS WAR		6.2 N							
STREET ADDRESS	STURET TO LET		6.3 S	TREET	ADDRESS					
CITY-ST-ZIP	1		6.4 C	ITY-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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

**SIGNATURE** 

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ste Dayline Phone

R2F034 (11/98)