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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P93000075620 (3) **DOCUMENT #**

INFINITY FASHIONS INC.

## **FILED** Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3738 N.W. 16 STREET 3738 N.W. 16 STREET LAUDERHILL FL 33311 LAUDERHILL FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0445874 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žψ Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAKON, SIMON 11751 NW 18 CT Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33323** 83 84 City 85 Zip Code 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 Stata 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 (NOTE flooistered Agent signature required when reinstating) 12. OFFICER'S AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE KAKON, OFRA 1.2 NAME NAME 3738 NW 16TH ST 1.3 STREET ADDRESS STREET ADDRESS **LAUDERHILL FL 33311** CITY-ST-ZIP 1.4 CITY ST-ZIP DELETE Change Addition 21 TITLE TITLE KAKON, SIMON 2.2 NAME NAME 3738 NW 16TH ST STREET ADDRESS 2 3 STREET ADDRESS LAUDERHILL FL 33311 CITY-ST-ZIP 2 4 CITY-SY-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME

CITY-ST-ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signalure shall have the same legal effect as if made under oath; that I em 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 available the same legal effect as if made under oath; that I em 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 available the same legal effect as if made under oath; that I em 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 available that the information indicated in Section 119.07(3)(i), Florida Statutes.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

NAME

Shalva MORR

954-791-4433

Change

Change

Addition

Addition

CR2E634