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

FILED
98 JUL -2 PM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400001099 (8)

1. Corporation Name

FASHION OF THE 90's, INC

Principal Place of Business / Mailing Address

3015 NW 79 Street
A 19-20
MIAMI. FLORIDA. 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/94

2. Principal Place of Business
21 3015 NW 79 Street
Suite, Apt. #, etc.
22 A 19-20
City & State
23 Miami. Fl.
Zip 24 33147 Country 25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0477115 ☐ 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORCOS, EMAD F.
3015 NW 79 Street
A 19-20
MIAMI. FL. 33147

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 607.0502 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 (X) _____ 5/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Morcos, Emad F. P.O. Box 371429 Miami. Fl. 33137	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

400002584254--9
-07/09/98--01041--019
****150.00 ****150.00

B 98 AR 1/1 2 Pages

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 or on an attachment with an address.

SIGNATURE: (X) _____ 05/27/98 (305)836-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

OPATB 2

97

BILLET DE PASSAGE ET REÇU BAG./PASSENGER TICKET AND BAG. CHECK

SOUMIS AUX CONDITIONS DE TRANSPORT / SUBJECT TO CONDITIONS OF CONTRACT

REÇU PASSAGER

15JAN98 PASSENGER RECEIPT 1/1

8

AIR FRANCE

AGTD 001

SITI US

10990604

AIR FRANCE MIAMI /FLORIDA USA

MORCOS/EMAD MR

MORCOS/EMAD MR

NON VALABLE POUR TRANSPORT

CECI EST VOTRE REÇU THIS IS YOUR RECEIPT

EXCHANGE

AF ONLY/NO CO-DL-UA-US FFP MILEAGE/150USD REBOOKING FEE

KKX4ZB/1A

15JAN98 MIA AF X/PAR AF CDG M/IT AF X/PAR AF MIA M/IT END XT MIA 4.50XT USD 2.00XA 12.00 US 12.00US 3.00XF 0.32FR 11.44FR 6.18XH

FORFAIT

USD 6.00XY

USD 5.00YC

USD 46.94XT

05700963677326

0572172815074 0

MIAMI INTL

AF 0095 T 15JAN TLIT

PARIS C.GAULLE 2C

AF 0504 T 16JAN TLIT

CAIRO

AF 0503 T 05FEB TLIT

PARIS C.GAULLE 2C

AF 0080 T 06FEB TLIT

MIAMI INTL

NOT VALID FOR TRAVEL

057 2172815074 0

AIR FRANCE

Carte d'accès à bord

Boarding pass

AF095 Y 31MAR 19H40

CHARLES DE GAULL

MIAMI

MORCOS *ETAF

CABINE NON FUMEUR

2 55 TEMPO

86 19H00

8

MORCOS/EMAD MR

MIAMI INTL

X PARIS C DE GAULLE

AIR FRANCE

AF 0095 T 31MAR19H40

1 057 2172815185 2

AIR FRANCE

Carte d'accès à bord

Boarding pass

AF090 Y 06MAY 13H15

MIAMI

CHARLES DE G 2 C

MORCOS *ETAF

CABINE NON FUMEUR

2 70 TEMPO

C80 12H20

8

MORCOS/EMAD MR

X PARIS C.GAULLE 2C

MIAMI INTL

AIR FRANCE

AF 0090 T 30APR13H15

057 2172815185 4

AF 0503 T 30APR08H05

057 2172815185 3

O CAIRO

X PARIS C DE GAULLE

AIR FRANCE

MORCOS/EMAD MR

8

Authorship & Translation
Scientific Bureau
FOUAD NEMAH

TRANSLATION

DR. WAHBA IBRAHIM WAHBA
PEDIATRICS - INTERNAL MEDICINE
RHEUMATISM - PHYSIOTHERAPY
M.SC. ACUPUNCTURE & MEDICINAL PLANTS
MEDICAL MILITARY ACADEMY
8, MOHAMED EL SAGHIR ST. - OLD CAIRO
TEL: 3636488

FULL NAME: EMAD FOUAD ISAAC
DATE: MAY 4,1998

MEDICAL CERTIFICATE

PATIENT'S FULL NAME: EMAD FOUAD ISAAC
ADDRESS: 50, MOHAMED FARID ST.

. The medical examination of the patient whose name is mentioned hereinabove revealed that he suffers from left shoulder dislocation and tissue laceration due to a collision accident, with right foot ecchymoses.

He has been subject to treatment as from Apr.5,1998 and needs rest in bed with physiotherapy.

(SIGNATURE AND SEAL OF THE PHYSICIAN)
NO. OF ENROLMENT AT THE MEDICAL SYNDICATE: 77045

I, Fouad Némah, hereby affirm that I am competent to translate the attached document from the Arabic language to the English language, and that the translation is accurate.

Authorship & Translation
Scientific Bureau
FOUAD NEMAH