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) 5/21/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Morcos, Emad F.	
STREET ADDRESS	P.O. Box 371429 N/A	
CITY-ST-ZIP	Miami. Fl. 33137	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

B 98 AR 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

RECU PASSAGER
15JAN98 PASSENGER RECEIPT 1/ 1

EMIS PAR / ISSUED BY: AIR FRANCE — AGTD 001 — SITI US — 10990604

AIR FRANCE MIAMI /FLORIDA USA

MORCOS/EMAD MR — TLIT

NON VALABLE POUR TRANSPORT — CECI EST VOTRE RECU THIS IS YOUR RECEIPT

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

EXCHANGE

KKX428/1A

EMISSION ORIGINALE / ORIGINAL ISSUE — EMIS EN ECHANGE / ISSUED IN EXCHANGE

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

TARIF / FARE: FORFAIT
TAXE USD 6.00XY
TAXE USD 5.00YC
TAXE USD 46.94XT
TOTAL USD 58.94

CONTRE VALEUR/EQUIV FARE PD — MODE DE PAIEMENT / FORM OF PAYMENT: CHEQUE

05700963677326

0572172815074 0

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MORCOS/EMAD MR

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 0090 T 05FEB TLIT

MIAMI INTL

NOT VALID FOR TRAVEL

057 2172815074 0

AIR FRANCE

Carte d'accès à bord
Boarding pass

MORCOS *FTAF
CABINE NON FUMEUR
MIAMI
CHARLES DE GAULL

AF095 Y 31MAR 19H40

Embarquement / Boarding: 86 19H00

Porte / Gate: Heure / Time

Siège / Seat: 41C

2 55 TEMPO

8

MORCOS/EMAD MR

MIAMI INTL
X PARIS C DE GAULLE
AIR FRANCE

AF 0095 T 31MAR19H40

EMBARQUEMENT / BOARDING — PORTE/GATE — HEURE/TIME

IDENTIFICATION BAGAGE / BAGGAGE ID NO

NO DE DOCUMENT / DOCUMENT NUMBER: 1 057 2172815185 2

AIR FRANCE

Carte d'accès à bord
Boarding pass

MORCOS
CABINE NON FUMEUR
CHARLES DE G 2 C
MIAMI

AF090 Y 06MAY 13H15

Embarquement / Boarding: C80 12H20

Porte / Gate: Heure / Time

Siège / Seat: NO

2 70 TEMPO

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MORCOS/EMAD MR

X PARIS C.GAULLE 2C
MIAMI INTL
AIR FRANCE

AF 0090 T 30APR13H15

EMBARQUEMENT / BOARDING — PORTE/GATE — HEURE/TIME

IDENTIFICATION BAGAGE / BAGGAGE ID NO

NO DE DOCUMENT / DOCUMENT NUMBER: 057 2172815185 4

057 2172815185 1

AF 0503 T 30APR08H05

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MORCOS/EMAD MR

O CAIRO
X PARIS C DE GAULLE
AIR FRANCE

& Translation
Bureau
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