

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P 94000002382  
1. Corporation Name  
FOUR SEASONS FASHIONS, INC.

Principal Place of Business Mailing Address  
2640 N.W. 5th AVE 2640 N.W. 5th AVE  
MIAMI FL 33127 MIAMI FL 33127

REINSTATEMENT 96492

3. Date Incorporated or Qualified 01/11/94 3a. Date of Last Report 8/17/95

|                                                                                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 2640 N.W. 5th AVE<br>State, Apt. #, etc.<br>22 City & State<br>23 MIAMI FL 33127<br>Zip<br>24 33127 | 2a. Mailing Address<br>25 2640 N.W. 5th AVE<br>Suite, Apt. #, etc.<br>27 City & State<br>28 MIAMI FL<br>Zip<br>29 33127 | 4. FEI Number<br>65-0459321<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARINDER P SINGH  
2640 N.W. 5th AVE  
MIAMI FL 33127

|         |                                                       |    |         |             |
|---------|-------------------------------------------------------|----|---------|-------------|
| B1 Name | B2 Street Address (P.O. Box Number is Not Acceptable) | B3 | B4 City | B5 Zip Code |
|         |                                                       |    | FL      |             |

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 title if applicable

HARINDER P SINGH

4/18/97

(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 | <input type="checkbox"/> DELETE |
|       | P.D.             |                   |                 |                                 |
|       | HARINDER P SINGH | 2640 N.W. 5th AVE | MIAMI FL 33127  |                                 |
| TITLE | NAME             | STREET ADDRESS    | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME             | STREET ADDRESS    | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME             | STREET ADDRESS    | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME             | STREET ADDRESS    | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME             | STREET ADDRESS    | CITY - ST - ZIP | <input type="checkbox"/> DELETE |

|          |         |                   |                    |                                                                   |
|----------|---------|-------------------|--------------------|-------------------------------------------------------------------|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                    |                                                                   |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                    |                                                                   |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                    |                                                                   |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                    |                                                                   |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                    |                                                                   |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|          |         |                   |                    |                                                                   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 in an attachment with an address.

SIGNATURE:

HARINDER P SINGH

4/18/97

305-576-8222

CR2E034 (9/96)