

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2: 23

DOCUMENT # **P94000024334 (2)**

VOGUE ITALIA WOMAN, INC.

2455 E. SUNRISE BLVD. SUITE 502 FT. LAUDERDALE FL 33304
 2455 E. SUNRISE BLVD. SUITE 502 FT. LAUDERDALE FL 33304

3. Date of Incorporation: **03/30/1994** 3a. Date of Last Report: **03/30/1994**
 4. Filing Number: **65-0477873** Adjust For: Not Applicable
 5. Statewide of Status: **\$8.75 Additional Fee Required**
 6. Location Campaign Financing: **\$5.00 May Be Added to Fees**
 7. This corporation has liability for advertising has received: No Yes

21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent
**SCHNITZER, GERALD S
 2455 E. SUNRISE BLVD.
 SUITE 502
 FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
 81. Name: _____
 82. Street Address (P.O. Box Number or Mail Acquisition): _____
 83. _____
 84. City: _____ **FL** 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.011(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both of the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.011(2), Florida Statutes.

12. ADDITIONAL REGISTERED OFFICERS	13. ADDITIONAL CHANGES TO REGISTERED OFFICERS
D BRODY, MERV 2455 E. SUNRISE BLVD., SUITE 502 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Add
D SOLA, GIOVANNI 2455 E. SUNRISE BLVD., SUITE 502 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Add
D RENAUT, CLEO 2455 E. SUNRISE BLVD., SUITE 502 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Add
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14. I hereby certify that the information required with this filing is voluntarily furnished and does not equally for the corporation stated in Sections 607.011(2)(a), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature substantiates the same as per the legal requirements of the state of Florida. I am familiar with and accept the obligations of the provisions of the law which require this report as required by Chapter 607, Florida Statutes, and that my actions are in compliance with the provisions of the law which require this report as required by Chapter 607, Florida Statutes, and that my actions are in compliance with the provisions of the law which require this report as required by Chapter 607, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

REMITTED BY MAY 1

A-29-95