


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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000026858 (8)

1. Corporation Name

A.P.P. FASHIONS, INC.



Principal Place of Business 2010 N.W. 3RD AVENUE MIAMI FL 33127	Mailing Address 540 NW 28th St 2610 N.W. 3RD AVENUE MIAMI FL 33127-4107
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2. Principal Place of Business 21 540 NW 28th St Suite, Apt. #, etc.	2a. Mailing Address 26 540 NW 28th St Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report 06/26/1996
22 City & State 23 MIAMI FL	27 City & State 28 MIAMI FL	4. FEI Number 65-0495247	Applied For Not Applicable
24 Zip 33127	25 Country U.S.	29 Zip 33127	30 Country U.S.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CHAVEZ, GILDA M ESQ. 4980 S.W. 72ND AVENUE SUITE 403 MIAMI FL 33155		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENESES, ABILIO A	1.2 NAME	
STREET ADDRESS	2010 N.W. 3RD AVENUE 540 NW 28th St	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, JOSE A	2.2 NAME	
STREET ADDRESS	2010 N.W. 3RD AVENUE 540 NW 28th St	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, MARIA T	3.2 NAME	
STREET ADDRESS	2010 N.W. 3RD AVENUE 540 NW 28th St	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENESES, LYDIA	4.2 NAME	
STREET ADDRESS	2010 N.W. 3RD AVENUE 540 NW 28th St	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:  4/25/97 576-0730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)