


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

APPROVED
AND
FILED

1997 OCT 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P 94000026858 (8)		
1. Corporation Name A.P.P. FASHIONS, INC.		

Principal Place of Business 540 N.W. 28th. STREET MIAMI, FL. 33127	Mailing Address
--	-----------------

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report 05/25/1997
21 Suite, Apt. #, etc.	26	22 City & State	27	4. FEI Number 65-0495247	Applied For Not Applicable
23 Zip	28	24 Country	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26		29		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		10. Name and Address of New Registered Agent	
LOIDA LEMUS 6431 S.W. 106th. AVE. MIAMI, FL. 33173		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 *Loida Lemus* DATE **OCT 23-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD. <input checked="" type="checkbox"/> DELETE	11 TITLE	PD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOELIA GISBERT	12 NAME	MENESES, ABILIO A.
STREET ADDRESS	6775 S.W. 103 CT.	13 STREET ADDRESS	6431 S.W. 106th. AVE.
CITY-ST-ZIP	MIAMI, FL. 33173	14 CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, JOSE A.	22 NAME	
STREET ADDRESS	540 N.W. 28th. ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33127	24 CITY-ST-ZIP	
TITLE	S. <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, MARIA T.	32 NAME	800002333178
STREET ADDRESS	540 N.W. 28th. ST.	33 STREET ADDRESS	-10/29/97-01116-010
CITY-ST-ZIP	MIAMI, FL. 33127	34 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	T. <input checked="" type="checkbox"/> DELETE	41 TITLE	T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GISBERT, NOELIA	42 NAME	MENESES, LYDIA L.
STREET ADDRESS	6775 S.W. 103th. Ct.	43 STREET ADDRESS	6431 S.W. 106th. AVE.
CITY-ST-ZIP	MIAMI, FL. 33173	44 CITY-ST-ZIP	MIAMI, FL. 33173
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Noelia Gisbert* 10/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)