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

FASHIONS R US, INC.	` ,
Principal Place of Business	Mailing Address
1780 N.W. 20 ST. Miami FL 33142 US	1780 N.W. 20 ST. Miami Fl 33142 US
A Principal Colored Co.	De Maille de la company

FILED Apr 28 1998 8:00am Secretary of State

DOCUMENT # P94000045970 (8) DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1994 4. FEI Number Applied For 7369 7369 21 65-0505152 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAM WIBM П 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible US. 24 29 33126 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DATWANI, AJIT DATWANI 1780 N.W 20 ST. 82 **MIAMI FL 33142** 83 369 NW EHN 11. Pursuant to the provisions of Soctions 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes. 04/21/98 INAWTAC red Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Addition Change TITLE 1.1 TITLE INAMTAGE, DATWANI, AJIT 4711J NAME 1.2 NAME 1780 N.W 20 ST. 7369 NW 844 St STREET ADDRESS 1.3 STREET ADDRESS **MI**AMI FL CITY-ST-ZIP MLAM 1.4 CITY - ST - ZIP DELÉTE Addition TITLE 2.1 TITLE DATWANI, MANJU DATWANI MANIU 2.2 NAME NAME sth st. 1780 NW 20TH ST 2.3 STREET ADDRESS 7369 NW STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZiP WHIM DELETE Addition 3.1 T(TLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 6.17ITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 13 if changed or one an attachment with an address.

m1 /21/98 .