PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000051946

1. Corporation Name

JULIA FASHION KIDS WEAR, INC

Principal Place of Business	Mailing Address
3401 W SUNRISE BLVD #103 FT LAUDERDALE FL 33311	3707 W GRACE ST TAMPA FL 33607

3. Date Incorporated or Qualified	7 13 1994
3a. Date of Last Report	4 27 95
4. FEI Number	59-3256630
Applied For / Not Applicable	
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3401 W SUNRISE BLVD	26 3401 W SUNRISE BLVD
22 Suite, Apt. #, etc: 1-103	27 Suite, Apt. #, etc: 1-103
23 City & State: FT LAUDERDALE FL	28 City & State: FT LAUDERDALE FL
24 Zip: 33311 / 25 Country: BROWARD	29 Zip: 33311 / 30 Country: BROWARD

9. Name and Address of Current Registered Agent

RATTASID, SUZZANA
3707 W GRACE ST
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: RATTASID, SUZANNA
82 Street Address (P.O. Box Number is Not Acceptable): 3901 S OCEAN DR APT 4N
83
84 City: HOLLYWOOD FL 85 Zip Code: 33019

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 SUZANNA RATTASID PRES X Suzanna Rattasid 4 30 96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST D ☐ DELETE	1.1 TITLE	PST D ☒ Change ☐ Addition
NAME	RATTASID, SUZANNA	1.2 NAME	RATTASID, SUZANNA
STREET ADDRESS	3901 S OCEAN DR APT 4N	1.3 STREET ADDRESS	3901 S OCEAN DR APT 4N
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	400001818024
STREET ADDRESS		4.3 STREET ADDRESS	-05/13/96--01025--003 ***200.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DM 5-1-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: SUZANNA RATTASID PRES X Suzanna Rattasid 4 30 96 9544578635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #