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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P94000067833	(1)
1. Corporation Name	1 0 1000007 000	``'

	FASHIONS INC. ce of Business. ST.	Mailing Address 4865 NW 191 ST. MIAMI FL 33055-2566						
	···				3. Date Incorporated or Qualified	1		eport
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	09/12/1994	05/02/		······································
-1	Place of Business	2a. Mailing Address			4. FEI Number			oplied For
1∫ Suite Apr	* # etc				65-0526661			ot Applicable Additional
2		27	••		Certificate of Status Desired		Fee Re	
City & Sta	nte:	City & State		·	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
7ip 4	Country 25	Zip 29	30 Cou	ntry	This corporation has liability for Florida Statutes	Yes N	lo	. 199.032,
	9. Name and Address of Curre	ent Registered Agent		····	10. Name and Address of New I	Registered Age	nt	
	eda, argel j			81 Name				
4865 NW 191 ST. MIAMI FL 33055				ress (P.O. Box Number is Not Accept	able)			
				83				
			İ	84 City		FL®	5 Zip i	Code
11. Pursuan office or agent. I					poration submits this statement for the tion's board of directors. I hereby acc	e purpose of cha sept the appoint	inging it nent as	s registered registered
12.	Signation appropriate distribution of registered a OFFICERS A	igent and title if applicable. ND DIRECTORS	(NOTE Registered	Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEDS AND DIE	PECTOE	S IN 12
THE	PD	DELET		ru t	ADDITIONS/OFFANGES TO OFF		Change	Addition
NAME	OJEDA, ARGEL J		1.2 N/	AME				
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CHY - \$1 - 7#	MIAMI FL 33055	T ocur		TY-ST-ZIP				F 1 4 1000
THILF	STD SANOUEZ WOMADA	☐ DELET		í		ليا	Change	Addition
name Street address	SANCHEZ, XIOMARA 4865 NW 191 ST.		2.2 N/	REET ADDRESS				
GHY - \$1 - ZiP	MIAMI FL 33055			HTY-ST-ZIP				
Til , t		☐ DELET					Change	Addition
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CB Y-81 7/P				iTY+ST-ZIP		·		
III.E		☐ DELET				L	Change	Addition
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007-51-201 Hill	·	DELET		TY-ST-ZIP		П	Change	Addition
NAME		hand Street	5.2 N			ب		
STREET ADDRESS	<u>.</u>			REET ADDRESS				
Citty Sto ZIP				TY - ST - ZIP				
THE		☐ DELET					Change	Addition

62 NAME

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

14. To bereby 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:

STREET ADDRESS

CHY-SI-ZIP

X: MALL OLD AND THE OF PRINTED YME OF SIGNING OFFICER OR DIRECTO

3-10-97

FILED

Apr 04 1997 8:00am

Secretary of State

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