


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

FILED

Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000072441 (6)

1. Corporation Name  
COUTURE ALLEN INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11701 N.W. 102ND RD. SUITE 10 MEDLEY FL 33178	Mailing Address 11701 N.W. 102ND RD. SUITE 10 MEDLEY FL 33178
--	--

2. Principal Place of Business 21 23700 S. DIXIE HWY Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33032 Country 25 US	2a. Mailing Address 26 PO Box 700248 Suite, Apt. #, etc. 27 City & State 28 GOULDS, FL Zip 29 33170-0248 Country 30 U.S.	3. Date Incorporated or Qualified 10/03/1994 4. FEI Number 65-0523613 Applied For Not Applicable 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

9. Name and Address of Current Registered Agent ZAHARAKO, DOROTHY 11767 SOUTH DIXIE HWY SUITE 145 MIAMI FL 33156	10. Name and Address of New Registered Agent 81 Name WILLIAM SCHAEFER 82 Street Address (P.O. Box Number is Not Acceptable) 23700 S. DIXIE HWY 83 84 City MIAMI FL 85 Zip Code 33032
--	--

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 607.05, Florida Statutes.

SIGNATURE *William Schaefer* 1/28/98  
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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHAEFER, WILLIAM 11701 NW 102 ROAD STE 10 MEDLEY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SCHAEFER, WILLIAM 23700 S. DIXIE HWY MIAMI FL 33032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COUTURE, CHRISTOPHER 11701 NW 102 RD, STE. 10 MEDLEY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	COUTURE, CHRISTOPHER 30650 QUEBEC AVE KETTLEMAN CITY CA 93239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COUTURE, STEPHEN 11701 NW 102 RD, STE 10 MEDLEY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	30650 QUEBEC AVE KETTLEMAN CITY CA 93239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COUTURE, WILLIAM P 11701 NW 102 RD., STE 10 MEDLEY FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	30650 QUEBEC AVE KETTLEMAN CITY, CA 93239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	70000243082 -02/16/98--01006--032 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1/12/98 305-258 1444

14. I 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: *William Schaefer* 1/12/98 305-258 1444

CR2E034 (10/97)