SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90014 020 ***550.00

1000092047

NITA'S CHILDREN'S DESIGNER WEAR, INC.

22 City & State Ci	Applied For Not Applicable Additional Required May Be d to Fees
MAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 16-0727706 5. Certificate of Status Desired \$8.7 Fee City & State City & State City & State City & State 2a Zip Country Zip Zip Zip Zip Zip Zip Zip Sinear And Address of Current Registered Agent HARRIS, CARNETTIA E 7435 N. AUGUSTA DRIVE MIAMI FL 33015 HARRIS, CARNETTIA E Takes or registered agent, or both in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. PLITTIE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. STREET ADDRESS 14. STREET ADDRESS 15. CARNETTIA E 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST.ZIP MAME HARRIS, CARNETTIA E 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST.ZIP MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 2. DELETE 2. TITLE Change City ST.ZIP MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 2. Suite Incorporated or Qualified 12/2/0/1994 4. FEI Number 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST.ZIP MIAMI FL 33015	Not Applicable Additional Required May Be
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Zip Country Zip Country Zip Country Sip 30 Street Address of Current year Intangible Personal Property. Yes S. Name and Address of Current Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARRIS, CARNETTIA E 7435 N. AUGUSTA DRIVE MIAMI FL 33015 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 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. CITY-ST-ZIP MIAMI FL 33015 14. CITY-ST-ZIP CHANGE 13. STREET ADDRESS MIAMI FL 33015 14. CITY-ST-ZIP CHANGE 14. CITY-ST-ZIP MIAMI FL 33015 14. CITY-ST-ZIP Change 14. CITY-ST-ZIP Change 15. Change 15. Control of the cont	d to Fees
24 25 29 30 Intangible Personal Property. Yes 9. Name and Address of Current Registered Agent HARRIS, CARNETTIA E 7435 N. AUGUSTA DRIVE MIAMI FL 33015 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Z 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 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZIP NAME HARRIS, CARNETTIA E 12. NAME 13. STREET ADORESS 14. CITY-ST-ZIP MIAMI FL 33015 14. CITY-ST-ZIP DELETE 13. STREET ADORESS 14. CITY-ST-ZIP Change Cha	
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STREET ADDRESS	e Addition

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

Change

Addition