## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990	DIVISION OF	F CORPORATI	ONS			
DOCUI 1. Corporation	MENT # P940	00092625 (0	))				
S.O.S.	FASHION, INC.						
						Andre danie ingel grada die	## 11881 BIJI 1881
Principal Place	of Ducinose	NA-10 Applears					
1737 N.W. 2		Mailing Address				. 22/11 45115 15116 1116 511	16 (189) 9141 (49)
#8		1737 N.W. 20TH ST. #B					
MIAMI FL 33	3142	MIAMI FL 33142			2 Data bases and de O and de	1	
					<ol> <li>Date Incorporated or Qualified</li> <li>12/20/1994</li> </ol>	3a. Date of Last R 02/22/19	
	ace of Business	2a. Mailing Address	<del></del> <u>-</u> -		4. FEI Number	<u> </u>	Applied For
Suite, Apt. :	# elc	26 Suite Apt 4 sta			65-0549459		Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional Required
City & State		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Ζφ <b>24</b>	Country 25	Zp	Country		8. This corporation has liability for in		199.032,
	25   29   30   9. Name and Address of Current Registered Agent				Florida Statutes Yes No  10. Name and Address of New Registered Agent		
			81	Name		ogistorou Agerii	
KIM, YON SON				Street Add	dress (P.O. Box Number is Not Acceptable	<u>e'</u>	
1737 N. #B	W. 20TH ST.						
	L 33142		83				
IMP WILL I	L WITE		84	City		85 Zış	p Code
11. Pursuant te	o the provisions of Sections 607.05	i02 and 607.1508, Florida Statute	es, the above-r	named corpo	pration submits this statement for the purp	FL os 24	anistored office
or registere familiar wit	ed agent, or both, in the State of Fla th, and accept the obligations of, Se	orida. Such change was authoriza oction 607.0505, Florida Stalutes	ed by the corp	oration's boa	ard of directors. I hereby accept the appo	intment as registered	agent. I am
SIGNATURE							
12.	Signature, typed or printed name of registered au OFFICERS A	point and little if applicable. (NO AND DIRECTORS	Tt. Registered Agen	t signature rec <sub>l</sub> uin		DATE	
THLE	D	DELETE	1. 1 TITLE	···	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	IRS IN 12
NAME	KIM, YON SON		1.2 NAME			v lange	Addition
STREET ADDRESS	1737 N.W. 20TH ST., #B		13 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33142	D DELETE	1.4 CITY - S	T - ZIP			
TITLE NAME		☐ DELETE	2 1 TITLE			Change	Addition
STREET ADDRESS			2.2 NAME 2.3 STREET	ADDRECC			
CHY-ST-ZIP			2.4 CITY - S	ľ	·	•	
TITLE		☐ DELETE	3. 1 TITLE			Change	[ Addition
NAME			3.2 NAME				
STREET ADORESS			33 STREET	ADDRESS			
CITY-S1-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3 4 CITY-ST	r - ZIP			
NAME	<del>-</del>		4. 1 TiTLE			☐ Change	Addition
STREET ADDRESS			4.2 NAME 4.3 STREET	2020004			
C/TY-ST-Z/P			4.3 STREET				
THILF		☐ DELETE	5. 1 TITLE	7.11		☐ Change	Addition
NAME	,		5.2 NAME			CT arrange	
STREET ADDRESS			53 STREET	ADDRESS			
CITY - ST - ZIP			5 4 CITY-ST	- ZIP			]
TITLE		☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			6 2 NAME				
STHEET ADDRESS			6.3 STREET				1
CITY-ST-ZIP 14. Ldo hereby	certify that the information supplier	d with this filing is valuatarily furni	6 4 City-St	- ZIP	for the second s		

1. 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)(k), 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:

SIGNATURE AND WPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/16 305-325-9030