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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P950000057	74
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ΔI I RΔR	A FASHIONS INC	•							
תבו טאטר	TAGENCIA III	,					I LEGISERI LIO LOCAL ANIA GRILL GOLL DOLL GRILL GOLL	A HARAN K ar an 19	1911 HAL 1 86 1
Principal Place	of Business		Mailing Address				1 (25/100) 119 15/01 21/1/ 21/1/ 25/1/ 25/1/ 25/1/	, , ,	1217 2727 1001
212 N.E. 151 S	TREET		212 N.E. 1ST STREET						
MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN THIS SPACE				
							3. Date Ir corporated or Qualified		
							01/23/1995		
2 Principa Pl	ace of Business		2a. Mailing Address				4. FEI Number	Apr	lied For
21	acc or basiness		26				65-0551601	Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				<u>_</u>	\$8.75 A	
22	•		27				5. Certifcate of Status Desired	Fee Rec	uired
City & State	9		City & State				6. Election Campaign Financing	\$5.00	
23			28				Trust F und Contribution	Added to	Fees
Zip	Cour	try	Zip		untry		8. This corporation owes the current year intan	gible	171.
24	25		29	30			r croor arr roporty ram		!⊒No
	9. Name and Add	ress of Current	Registered Agent		81	Name	10. Name and Address of New Registered Ag	ent	
C/1 A	AA AII7ADA				"	Name			
	(M, NIZARA N.E. 168TH STREI	ar .			82	Street Ac	dress (P.O. Bo> Number is Not Acceptable)		
	TH MIAMI BEACH I				83				
NON	ITI MIAMI DEACH I	L 33100			63				
					84	City	FL	85 Zip C	ode
			1 507 4500 Flasta St.	the		asmad at		anging its	registered
11. Pursuant office or re	to the provisions of S∈ egistered agent, or bo	ections 607.0502 th, in the State cl	and 607.1508, Florida Sta f Florida. Such change wa	ati tes, the a is authorize	above d by t	named co he corpora	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointr	nent as reç	jistered
agent. I ai	m familiar with, and a	cept the obligate	ons of, Section 607.0505,	Fibrida Sta	tutes.				
SIGNATUF:E	Signature, typed or printed na	me of registered agent	and title if applicable. (N	OT E; Registere	d Agent	signature req	ired when reinstating) DATE		·
12.	orginatio, types of printed he	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PDST		☐ DELETE	1.1 T	TITLE			Change	☐ Addition
NAME .	ALI ABDKULSALA	М		1.2 N	AME				
STREET ADDRESS	3527 NE 168 ST.	APT 304		1.3 8	STREET	ADDRESS			1
CITY-ST-ZIP	N. MIAMI BCH FL			1.4 0	CITY-ST	-ZIP			
TITLE			☐ DELETÉ	217	MLE		(Change	☐ Addition
NAME				2.2	NAME				
STREET ADDRESS				2.3 9	STREET	ADDRESS			
CITY-ST-ZIP					CITY-ST	r-ZIP			
TITLE			☐ DELETE	. 3.1 1	TITLE			Change	Addition
NAME				3.2 1	NAME				i
STREET ADDRESS				3.3 9	STREET	ADDRESS			
CITY-ST-ZIP					CITY-S1	r-ZIP			
TITLE			☐ DELETE	4.1 7	TITLE			Change	☐ Addition
NAME				4.2	NAME				
STREET ADDRESS				4.3 9	STREET	ADDRESS			
CITY-ST-ZIP					CITY-ST	-ZiP		<u></u>	
TITLE			☐ DELETE		TITLE			Change	☐ Addition
NAME					MAME				
STREET ADDRESS				533	STREET	ADDRESS			

CITY-ST-ZIP 14. I heretry certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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 attachargent with an address, with all other like empowered.

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

STREET ADDRESS

TITLE

NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Addition