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

CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 23 1998 8:00am

,	1998 DIVISION OF CORPORATIONS			Secretary of State				
1	MENT # P950 ERNATIONAL FASHIONS							
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1								
Principal Plac	e of Business	Mailing Address				1) {)
244 WORTH AVENUE C/O NAPOLEON								
PALM BEACH FL 33490 1048 THIRD AVENUE					DO NOT WRITI	F IN THIS !	SPACE	
US NEW YORK NY 10021 US					3. Date Incorporated or Qualified	- 114 11 110	3, 7,02	
					04/05/1995			-
Principal Place of Business 2a. Mailing Address					4. FEI Number		Ар	plied For
21	26				65-0581940			t Applicable
	site, Apt. #, etc.				5. Certificate of Status Desired	□.	\$8.75 A	
City & State	City & State City & State						Fee Re	<u> </u>
23	28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country Zip Cou			,	8. This corporation owes or has p			
24	25 29 30				Personal Property Tax due June] No
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Re	egistered		
YE	RUSHALMI, DANIEL		81	Name	- :			
NAPOLEON				Street Add	dress (P.O. Box Number is Not Accepta	ble)	 	
244 WORTH AVENUE								
PALM BEACH FL 33480			83					` <u> </u>
			84	City		FI	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508. Florida Statutes	the above	-named cor	rporation submits this statement for the		changing its	s registered
office or r	egistered agent, or both, in the St	tate of Florida, Such change was au	thorized by	the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE	Tributality Williams account the Or	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5	oa olalala.	.				
	Signature, typed or printed name of registered			ent signature requ	uired when reinstating)	DATE		
12.		AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR:	L Addition
TITLE NAME			1.7 TITLE	ł			TT circula	L. Addiction
STREET ADDRESS	044 14/00711 11/711/17		1,2 NAME 1,3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CITY - S					1
TITLE			2.1 TITLE				Change	Addition
NAME	YERUSHALMI, ILAN 22		2.2 NAME	Ì				ĺ
STREET ADDRESS			2 3 STREET	ADDRESS				1
CITY - ST - ZIP			2. <u>4 CITY</u> - S	ST-ZIP			 -	
TITLE	1		3.1 TUTLE				Change	Addition
NAME			3.2 N ME		•]
STREET ADDRESS			3.3 9 REET	i				
CITY-ST-ZIP		DELETE	3.4. Y-5	ST - ZIP			Change	Addition
NAME			4. 2 ME					
STREET ADDRESS			, ,	ADDRESS				Ì
CITY-ST-ZIP			4.4 C Y - S	1-21P				
TITLE		☐ DELETE	5.1 Ti LE				Change	Addition
NAME			5.2 NAME	Į				ļ
STREET ADDRESS			5.3 STREET	ADDRESS				ļ
CITY - ST - ZIP		T Lagrence	5.4 CITY-S	T-ZIP			1 00000	- Admin
TITLE		L. DELETE	6.1 ΠΤLE	J		-,	Change	Addition
NAME .			6.2 NAME	ADDRESS				ļ
STREET ADDRESS			6.3 STREET 6.4 CITY - S					1
CITY-ST-ZIP	6.601 ST-78 6.601 14. I hereby certify that the information supplied with this filing does not qualify for the executed an officer or this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver guarantee empowered is executed.			tion stated in	n Section 119.07(3)(i), Florida Statutes.	I further ce	rtify that the	information
indicated officer or	on this annual report or supplementation of the corporation or the	ental annual report is true and accur receiver or trustee empowered bex	ate and the	at my signat report as rec	ture shall have the same legal effect as quired by Chapter 607, Florida Statutes;	if made un and that r	der oath; tha ny name apr	utlam an pears in