## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000041628 (5) THE FASHION DEN. INC. Principal Place of Business Mailing Address 21343 NW 2ND AVE. 21343 NW 2ND AVE MIAMI FL 33169 MIAM! FL 33169 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Ζφ Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes \_\_\_\_ Yes \_\_\_ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RIVERA, ANGEL Joseph 21343 NW 2ND AVE 82 MIAMI FL 33169 83 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 agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept too obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signal repropured when revistating) OSCIA SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (36/8)TITLE DELETE 1 1 TITLE Change Addition RIVERA, ANGEL 1.2 NAME **CR2E034** STREET ADDRESS 20533 BISCAYNE BLVD., APT. 4N-204 1.3 STREET ADDRESS N. MIAMI BEACH FL 33180 CHTY - ST - ZIP 1.4 CFY - ST - ZIP DELETE TITLE Change Addition 2.1 TEXE NAME 2.2 NAM5 STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - 7:P TITLE DELETÉ 3.1 1111.6 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TIFLE Change nc tit/bA 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and

6/5/96 (205) 654-7797