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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State - * DIVISION OF CORPORATIONS

DOCUMENT # P95000041628 (5)

FILED Mar 30 1998 8:00am Secretary of State

THE F	ASHION DEN, INC.				
Principal Plac	e of Business	Mailing Address		11511401 116 1616 6111 6111 6111 6111 6111	
21343 NW 2ND AVE. 21343 NW 2ND AVE. 21343 NW 2ND AVE. MIAMI FL 33169 MIAMI FL 33169					
MINUTE # ****			DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualified	
				05/22/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0580990	Not Applicable
I Suite. Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27			G. Continuate of Chalco Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
[Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29 3	0	Personal Property Tax due June 30. 10. Name and Address of New Registers	Øyes □ No
ļ -	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registers	d Agent
	AZ, JOSEPH		81 Name		
12555 BISCAYNE BLVD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 901					
M.	AMI FL 33169		83		
			84 City		85 Zip Code
				F	L -
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
agent la	am familiar with, and accept the obl	igations of, Section 607.0505, Flori	da Statutes.	toris board of directors, thereby accept the a	ppomitment as registered
SIGNATURE					
	Signature, typed or printed name of registered		Registered Agent signature require		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	President	☐ DELETE	1,1 TITLE		Change Addition
NAME	Joseph Diaz	TI I VAUS SLOW HOW	1.2 NAME		Į:
STREET ADORESS	12 222 Brecaker	ALE HOLD SOUR	1.3 STREET ADDRESS		
CfTY-ST-ZIP	moumi, Fl 33	149 Suite 418	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME	# #		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ľ
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		Į.

14. Thereby 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 changes, or on an attachment with an address.

19/90 305.654-7797