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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

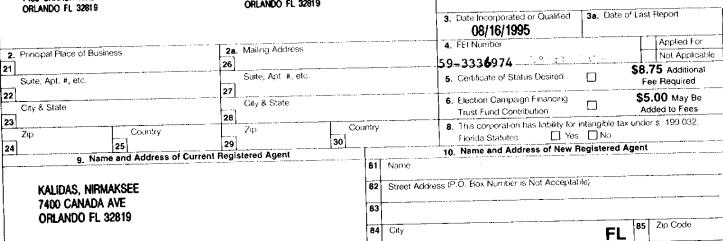
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P95000063671 (8) **DOCUMENT #** 

AMERICAN FASHIONS, INC.

Mailing Address Principal Place of Business

7400 CANADA AVE ORLANDO FL 32819 7400 CANADA AVE ORLANDO FL 32819



11. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or 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 the obligations of, Section 607.0505, Florida Statutes.

familiar with, and accept the obligations of, occurred to the obligations of the obligati			
SIGNATURE .	Signature, typed or printed name of repide edition and transfagations. (#4.0%)	sigistered Agent signature resam	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE TO Addition Addition
TITLE	DELETE □ DELETE	1 * TITLE	
NAME	NIRMAKSEE KALIDAS	1.2 NAME	
	7400 CANADA AVE	13 STREET ADDRESS	
STREEDADDRESS	ORLANDO, FL 32819	1.4 CHTY - S1 - ZIP	Change Addition
CITY-ST-ZIP TITLE	1   1   1   1   1   1   1   1   1   1	2 1 TITLE	Change Addition
	SID KALIDAS	2.2 NAME	
NAME	1 6 9 6 - 1 .	2.3 STREET ADDRESS	
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CITY-ST-ZIP	OKELETE DELETE	3 1 101LE	Change Addition
TITLE	I	3.2 NAME	
NAME	7400 CANADA AVE	3.3 STREET ADDRESS	
STREET ADDRESS	ORLANDO, FL 32819	3.4 City - St - ZiP	
CITY - ST - ZIP	OKLANDO, FE 32013	4 1 11116	Change Addition
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STREET ADDRESS			
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†iTLE	DELFIE	5 1 1IT(E	
NAME		5.2 NAME	
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TITLE	DELETE	6 1 Till E	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
		64 CHY-ST-ZIF	110 07(3vk) Elorida Statutas I furinar
CITY-ST-ZIP	the state information complied with this filmo is voluntarily furnis	shed and does not quali	fy for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

14. 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 furtner 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 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 certify 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.

Sirmaksee Dandas NAME OF SIGNING OFFICER OR DIRECTOR