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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000075226 (7)**

1. Corporation Name
FASHION GALLERY, INC.

Principal Place of Business	Mailing Address
279 MIRACLE MILE CORAL GABLES FL 33134 US	230 SOLANO PRADO CORAL GABLES FL 33156-2352

2. Principal Place of Business 21	2a. Mailing Address 26 700 BILTMORE WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 APT. # 801
City & State 23	City & State 28 CORAL GABLES, FL
Zip / Country 24 / 25	Zip / Country 29 33134 / 30 DADE

3. Date Incorporated or Qualified: 09/26/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0608883 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FERNANDEZ, GENUINO R
230 SOLANO PRADO
CORAL GABLES FL 33156-2352

10. Name and Address of New Registered Agent
81 Name: GENUINO R. FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 700 BILTMORE WAY; APT. # 801
83
84 City: CORAL GABLES **FL** 85 Zip Code: 33134

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ GENUINO R, FERNANDEZ 4-26-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	FERNANDEZ, GENUINO R		1.2 NAME	GENUINO R. FERNANDEZ	
STREET ADDRESS	230 SOLANO PRADO		1.3 STREET ADDRESS	700 BILTMORE WAY; APT. # 801	
CITY-ST-ZIP	CORAL GABLES FL 33156-2352		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FERNANDEZ, MARTA M		2.2 NAME	MARTA M. FERNANDEZ	
STREET ADDRESS	230 SOLANO PRADO		2.3 STREET ADDRESS	700 BILTMORE WAY; APT. # 801	
CITY-ST-ZIP	CORAL GABLES FL 33156-2352		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		
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		
CITY-ST-ZIP			5.4 CITY-ST-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		

CR2E034 (9/96)

14. I do hereby 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 changed, or on an attachment with an address.

SIGNATURE _____ GENUINO R. FERNANDEZ 4-26-97 (305)567-9115