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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000075312 (5)												
Y & G FASHIONS, INC.												
Principal Place	M	Mailing Address						I OURIL OURIS H	18 9 0 3 1	1 1/8/0 1/01 1001		
317A WORTH AVE. PALM BEACH FL 33480			317A WORTH AVE. PALM BEACH FL 33480									
								Date Incorporated or Qualified 09/26/1995	3a. Date	of Last Re	eport	
2. Principal Place of Business			2a. Mailing Address					El Number			Applied For	
21			26				6:	5 - 0617521			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. (Dertificate of Status Desired			Additional Required	
City & State	28	City & State					Lection Campaign Financing rust Fund Contribution			0 May Be d to Fees		
Zip	Count	L	Zip	├	Country			his corporation has liability for		ax under s	199.032,	
24 25 29 30 9. Name and Address of Current Registered Agent							Torida Statutes Yes Name and Address of New (-	Acent			
					81	Name ,						
OTERO, MULLIN & TOMLIN, P.A.					00	Street (d	HRE	N YOUNG Box Number is Not Acceptal WOR77-1 AV	-1-1			
75 VALENCIA AVE., STE. 400					82	Street And	7 A). Box Number is Not Acceptat ルパルフフー ロゾ		E		
CORAL GABLES FL 33134					83							
					84	City Dec) (# 1	REMOH	Ft	85 Zu	34%	
11. Pursuant to or registere	ed agent, or bath, in the	a≜tate of Flo⊲ida. Suci	h change was	authorized by t	above-r the corp	named corporation's box	oration su ard of dire	bmits this statement for the pu octors. I hereby accept the app	rpose of ch	anging its r registered	egistered office	
familiär wit	h, annivencept the offic	nns of Sen on 607	.0505, Florida	Statutes.	•			, ,		•		
SIGNATURE .	and all the	of nenisterny agent and to a f	applicable	(NOTe: Regi	stered Age	a signature requi	red when rein	stating)	.25.C	1φ		
12.		OFFICERS AND DELE	CIORS		13.		<i>F</i>	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE	D	_	☐ DE	LETE	1. 1 TITLE				ĺ	Change	Addition	
NAMÉ	GAILLARD, CHAF				1.2 NAME							
STREET ADDRESS	317A WORTH AV				1.3 ŞTREET	ADORESS						
CITY-SY-ZIP	PALM BEACH FL	. 33480	····		1.4 CITY - S	T-ZIP						
TITLE	D		☐ DE		2 1 TITLE				l	Change	Addition	
NAME	YOUNG, KAREN				2 2 NAME							
STREET ADDRESS	317A WORTH A				2 3 STREET							
CITY - ST - ZIP	PALM BEACH FL	. 33480	□ Dr		2 4 C·TY - S	I - ZIP				T Chases	FT Addition	
TITLE	1		☐ DE	LTIC	3 1 1 TLE	1				Change	Addition	

6.4 CITY-S1-ZIP

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 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 of 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 an an atlantment with an address.

3.2 NAME

4 111116

4.2 NAME

5 1 10 LF

5.2 NAME

6 1 TITLE

6.2 NAME

3.3. STREET ADDRESS

4.3 STHEET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CFY - \$1 - ZIP

4.4 CITY - ST - Z-P

3 4 CITY - ST - ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

TITLE

TITLE

NAME

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

DELETE

DELETE

[]] DELFTE

4.25.96 (407)655.6109

Change

Change

Change

Addition

Addition

Addition