## 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 CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000076623 (4)

NONey Order # 639 99 735

1. Corporation Name P95000070023 (4)  MILYCAR FASHION INC.				1	
Principal Place	of Business	Mailing Address			IIM OOMI IOOM BIIN MIIO MIIO IIII III
1111 N.W. 32ND ST. MIAMI FL 33127		1111 N.W. 32ND ST. MIAMI FL 33127			
				3. Date Incorporated or Qualified  10/06/1995  3a. Date of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
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Suite, Apt	f, etc	Suite, Apt. #, etc.		5. Cert-ficate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
3		28		Trust Fund Contribution	Added to Fees
Ζip	Country	Zip	Country	8. This corporation has liability for	
4	25	29 29 Agent	30	10. Name and Address of New Re	YesNo egistered Agent
	9. Name and Address of Curre	ur nadisteren ydeur	81 Name	Ma 11. Illan	1 Å
	DRID, MILY		82 Street Add	iresş (P.O. Box Number is Not Acceptat	Diei 1
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			84 City 4	MIAM 1	FL 85 Zip Code 3312
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11. Pursuant t office or re agent. Lar	to the provisions of Sections 607-05 egistered agent, or both, in the State of familiar with, and accept the oblig	02 and 607 1508, Florida State e of Florida Such change was gation pof Section 607 0505, F	~ ~	poration submits this statement for the p tion's board of directors. Thereby accep	ourpose of changing its registered it the appointment as registered
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14. I do hereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in account 175 or (a), in what a control 175 or (b), in what the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the saffic 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 617 Florida Statutes and that my name appears in Block 12 or Brock 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED ON AINTED NAME OF SIGNING OFFICER OF DIRECTOR

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Truth a the information indicated on this annual report is rule and does not quality for the exemption stated in accurate in accurate and that my signature shall have the saffic legal effect as if made under cut in the saf